Spec... ...his Certificate.

# Board of Health, City of Baltimore,

Permit No. 57301 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Turner

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* Colored

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 49 Loadenhall St.

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Peritonitis

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 10

*Undertaker,* H Ross

*Place of Business,* 15 Bond ave.

L. M. Hall M. D.,
Medical Attendant.

*Address,* 262 Shanks St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 67302 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 10 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 9. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Napoleon Upshen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... Four *Months,* ..... *Days,*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} No. 136 Raborg St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Meningitis

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* June 10

*Undertaker,* H Ross

*Place of Business* 95 Lombard St

Chas. H. Kipp M. D., Medical Attendant.

*Address,* 306 N. Gayetty St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...t Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Directions on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57303 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 9 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah W. Miles

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 29 *Years,* ..... *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* all of life

*Place of Death,* { Give street and Number. } 1051 York St

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 10

*Undertaker,* H Ross

*Place of Business,* 95 Lombard St

W. S. Bridge M. D.,
Medical Attendant.

*Address,* 206 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the Back of this Certificate.

Permit No. 13 / 57304

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 10 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Schaff

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give street and number.} 340 W. Lombard St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Consumption

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount,

*Date of Burial,* June 11th, 1882

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 N. Gay St.

H. H. Hebbes M.D.,

Medical Attendant.

*Address,* 298 W. Lombard St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attent... ...ertificate.

# Board of Health, City of Baltimore,

Permit No. 57304 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 8 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Rehfman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 10 *Months,* 17 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 88 Ridgely

*Cause of death,* First, (Primary,) Diphtheria

Second, (Immediate,) Adenitis & Pyrexia

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* June 11

*Undertaker,* Ernst & Schlosser

*Place of Business,* 200 South Sharp st *Address,*

S Schluter M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ... Certificate.

# // Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57306

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 10 11 1882 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 8th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William N. Denny

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Twenty Eight *Years,* ... *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Milkman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} ...

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 154 Battery Ave.

*Cause of Death* { First, (Primary,) Remittent Fever
Second, (Immediate,) Paralysis of Brain

*Duration of last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* June 11 1882

*Undertaker,* Armstrong Denny

*Place of Business,* 263 Eight

J. N. Bacon M. D.
Medical Attendant.

*Address,* N.E. Cor. Arlington Ave & Mosher

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attend... ...certificate.

11

# Board of Health, City of Baltimore,

Permit No. 57307

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 10 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 8th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine L Hooker

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* Col

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Seamstress

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Has always lived in City

*Place of Death,* {Give street and number.} 89 Jasper St

*Cause of Death,* First, (Primary.) Child birth

Second, (Immediate.) Septicaemia

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 11th 1882

*Undertaker,* Wm J. Gray

*Place of Business,* 65 Mulberry St

WW Austin M.D.,
Medical Attendant.

*Address,* 172 Franklin St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special [illegible] Certificate.

19

# Board of Health, City of Baltimore,

Permit No. 57308

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 10 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Mason

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* 5 *Days.*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 402 Parish al

*Cause of Death,* First, (Primary.) Tubercular Meningitis

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Lowell

*Date of Burial,* June 11/82

Chas E Sadtler M.D.,

Medical Attendant.

*Undertaker,* Wm E Chenowith

*Place of Business,* 336 Pa ave *Address,* 165 Druid Hill ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57309 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 10 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ognesak

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* [illegible] *Years,* 6 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 97 Lancaster st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Scrofula

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home

*Date of Burial,* June 10

*Undertaker,* W B Eckhart

*Place of Business,*

Geo. W. Dixon M. D.,
Medical Attendant

*Address,* Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is particularly called to the Certificate.

4

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Lowe

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days.*

*Color,* Black *Sex,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Washer & Ironer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Easton, Talbot Co Md

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} Baltimore St. between Exeter & East

*Cause of Death,* First (Primary,) Asthma &

Second (Immediate,) Heart disease

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* Levnel Cemetery F.G. Connolly M. D.

*Date of Burial,* June 11 1882 Medical Attendant.

*Undertaker,* William N Dunger

*Place of Business,* No 62 East Street *Address* Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[or

The Special Account

# Board of Health, City of Baltimore,

Permit No. 57311 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT CITY JUN 12 1882

*Date of Death,* June 9 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles J Sommerville

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 333 N Durham

*Cause of Death,* First, (Primary.) Measles

Second, (Immediate.) Eclampsia

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial* Levnel Cemetery

*Date of Burial* June 11 1882

*Undertaker,* William N Dorsey

*Place of Business,* No 62 East Str

Geo F Taylor M. D.,
Medical Attendant.

*Address,* 222 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Reverse of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57312 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

BALTIMORE HEALTH DEPARTMENT JUN 11 1882

*Date of Death,* June 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William McConnell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* about 60 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or Widower,* {Cross out the word not required in this line.} not Known

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,) Typhus Fever

Second, (Immediate,) asthenia

*Duration of Last Sickness,* 9 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem.

*Date of Burial,* June 10' 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St.

J. West M. D.,

Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57313 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 8

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Linkaud

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* 36 *Years,* *Months,* *Days,*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } B'city

*Duration of Residence in the City of Baltimore,* 36 yrs

*Place of Death,* { Give street and Number. } 203 E. Chase st

*Cause of Death,* First, (Primary,) Childbirth

Second, (Immediate,) Puerperal Septicemia

*Duration of Last Sickness,* 5 ~~10~~ days

All the above Information should be furnished by the Physician.

*Place of Burial* Greenmount Cem

*Date of Burial,* June 11, 1882

*Undertaker,* M. A Dwyer

*Place of Business,* 74 S. Bway

R. H. P. Ellis M. D.,
Medical Attendant.

*Address,* 313 Light St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Sections [illegible] this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57314 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Hassans

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} # 22 Anthony St

*Cause of Death,* First, (Primary.) Cerebro Spinal meningitis

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* June 11th 1882

*Undertaker,* Henry Keck

*Place of Business,* 329 Central Ave

J. H. Stiles M. D.,
Medical Attendant

*Address,* 259 Marylandave

HEALTH DEPARTMENT JUN 11 1882 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57313 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 10 = 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian C Usinger

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 2 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 107 West St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Spasms.

*Duration of Last Sickness,* Since birth

All the above Information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem

*Date of Burial,* June 12 = 1882

Geo. J. Dunn M. D.,

*Undertaker,* C. F. Krause Coroner's Physician. Medical Attendant.

*Place of Business,* 209 Hanover St *Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

57378

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 29

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 6 mo 10 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George G. Evans

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 Years, 2 Months, 10 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} B C

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 258 N. Carrollton Av

*Cause of Death,* First (Primary,) Scarlatina

Second (Immediate,) Urgemia Poisoning.

*Duration of Last Sickness,* 3 days Sc

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* June 12 1882

*Undertaker,* John W Jackson

*Place of Business,* Cor Ley & Caroline Sts

Irving Miller M. D.
Medical Attendant.

*Address* 179 E Monument St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Attention of Physicians is respectfully invited to the Remarks below and to Sec. 2 of Rules on this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57317

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret King

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 70 or 80 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Washe woman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Calvert Co Md.

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give street and number.} Rear Court near Lee St

*Cause of Death,* First, (Primary.) Senility

Second, (Immediate.) .....

*Duration of Last Sickness,* A long while

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* June 11 1882

*Undertaker,* William N Lunger

*Place of Business,* No 62 East Lee St

Alfred M. Belt M.D.,
Medical Attendant.

*Address,* Lee & Sharp Sts

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5738 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 6 *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States. If of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and Number.} 141 Eastern Av

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Sand Cemetery

*Date of Burial,* Jan 10

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

Jno D Blake M. D., Medical Attendant.

*Address,* 148 Patapsco

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Attention of Physicians is respectfully invited to the [illegible] Certificate

# Board of Health, City of Baltimore,

Permit No. 57319

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenyd Commiskey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Junk dealer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Eastern Shore Md

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give street and number.} 380 Cross St

*Cause of Death,* First, (Primary.) Indigestion

Second, (Immediate.) Gastritis

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 10

*Undertaker,* H ROSS

*Place of Business,* 75 Monument E

E. A. Bell M.D.,

~~Medical Attendant.~~ Coroner So Dist

*Address,* 161 So Eutaw St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 17320 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie M. Clayton

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 2 *Years,* 5 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 22 S. Washington St.

*Cause of Death,* First, (Primary,) Diptheria

Second, (Immediate,) Paralysis of heart

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 12th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway *Address,* #373 E. Balto. St.

E. P. Bons M. D.,

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and color (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention

# Board of Health, City of Baltimore,

Permit No. 57821 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1882,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Schillinger

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 69 *Years,* 2 *Months,* 8 *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} W

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bavaria, Germany

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give street and number.} 837 W Pratt St

*Cause of death,* First, (Primary,) Pneumonia,

Second, (Immediate,)

*Duration of Last Sickness,* Six Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home

*Date of Burial,* June 11th 12

*Undertaker,* J H. Ries

*Place of Business,*

John L. Kelly M. D.,
Medical Attendant.

*Address,* City,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to this Remarks Below, and to Rule of Diseases on Back of this Cer...

# Board of Health, City of Baltimore,

Permit No. 57322 — *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 11 1892 BALTIMORE

*Date of Death,* Saturday June 10th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles C. Davis.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 6 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time.

*Place of Death,* {Give street and number.} N. W. Cor of Monument & Caroline St

*Cause of death,* First, (Primary,) Hooping cough with Diarrhea

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* June 11th 1892

*Undertaker,* Jas P Byrne

*Place of Business,* Front St

Wilmer Donnelow MD M. D.,
Medical Attendant.

*Address,* ...

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the ... of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June — 10th — 1882. —

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Conway. —

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 42 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* — Chambermaid —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} North Umberland Co Va.

*Duration of Residence in the City of Baltimore,* 2 yrs.

*Place of Death,* {Give street and number} 222 Preston St. —

*Cause of Death* First, (Primary,) Enlargement of Heart. —

Second, (Immediate,) —

*Duration of last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Lowell Cemetery

*Date of Burial,* June 11 1882

*Undertaker,* William N Snyder

*Place of Business,* No 62 East Balt

W. A. B. Sellman M. D.
Medical Attendant.

*Address,* 249 Carrollton Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the ... of this ...

# Board of Health, City of Baltimore,

Permit No. 57324 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 8 10

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte E Nichols

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 18 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 532 W Mulberry St.

*Cause of Death,* First, (Primary,) Stamus

Second, (Immediate,) .....

*Duration of Last Sickness,* .....

All the above Information should be furnished by the Physician.

*Place of Burial,* Shart St

*Date of Burial,* June 11th

*Undertaker,* L Davis

*Place of Business,* .....

Geo. W. Dixon M. D.,
Medical Attendant.

*Address,* Com of Health.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attent...

# Board of Health, City of Baltimore,

Permit No. 57325 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza A Sundt

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bel Bergen Norway

*Duration of Residence in the City of Baltimore,* 4 weeks

*Place of Death,* {Give street and Number.} 86 N Charles St

*Cause of Death,* First, (Primary,) Pernicious Intermittent fever

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* about 9 days

All the above information should be furnished by the Physician.

*Place of Burial* London Park Cy

*Date of Burial,* June 12th 1882

Elias C Price M. D.,
Medical Attendant.

*Undertaker,*

*Place of Business.* STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

*Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

141 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUN 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 10/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza R. Eder

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Delaware

*Duration of Residence in the City of Baltimore,* Fourteen (14) years

*Place of Death,* {Give street and number.} No 50 S. Calhoun st

*Cause of Death,* First (Primary,) Pneumonia

Second (Immediate,) Four (4) days.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Friends cemetery Hartford and D. P. Stein M. D.

*Date of Burial,* June 13th 1882 Medical Attendant.

*Undertaker,* Wm B Leach

*Place of Business,* No 707 W Baltimore Street *Address* 367 W. Pombard st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attent...

# Board of Health, City of Baltimore,

Permit No. 57327 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 11 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10. 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Hook

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 1208 E Stricker St

*Cause of Death,* First, (Primary,) Cancer Uterus

Second, (Immediate,)

*Duration of Last Sickness,* 4 months

All the above Information should be furnished by the Physician.

*Place of Burial* St Peters cemetery

*Date of Burial,* June 13th 1892.

*Undertaker,* Jos K Cook

*Place of Business,* No 707 W Baltimore street

James T Bosley M. D.,
Medical Attendant.

*Address,* 819 Hollins st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57328 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 11 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine J. Earl

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 0 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 1115 Gilmor

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem.

*Date of Burial,* June 12th 92

*Undertaker,* Wm. Frame

*Place of Business,* Bank & Wolfe *Address,*

M. D.,

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attel...

# Board of Health, City of Baltimore,

Permit No. 57329 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 11 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Helfer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 8 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X X

*Occupation,* X X

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 50 S Durham

*Cause of Death,* First, (Primary.) Lathing

Second, (Immediate.) Edemapria

*Duration of Last Sickness,* 10 weeks

All the above information should be furnished by the Physician.

*Place of Burial* St A Asylum

*Date of Burial,* June 11 82

*Undertaker,* G Frazer

*Place of Business,* Jones & Frazer *Address,* 911 E Balt St

James E Kindle M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Annexed Rules, and to Sec. 2 of Ordinance, this Co...

# Board of Health, City of Baltimore,

Permit No. 57330 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 11 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Eckart

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 12 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Shoe Worker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give street and Number.} 42 Port St

*Cause of Death,* First, (Primary,) Violence - Fracture of both bones of left leg just above ankle

Second, (Immediate,) Shock - Head Collapse

*Duration of Last Sickness,* About seven hours

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* June 12th 1892

Geo. L. Wilkins M. D., Medical Attendant.

*Undertaker,* G. Frazier

*Place of Business,* Davis & Myers *Address,* 44 So. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

10

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUN 12 3 PM BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Louwenstein

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* 5 *Months,* 1 *Days.*

*Color,* White *Sex,*

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 257 Saratoga

*Cause of Death,* First (Primary,) Caries of Pelvis

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemy

*Date of Burial,* June 12th 82

*Undertaker,* Mrs P Drummert

*Place of Business,* 317 Mulberry St

L McLane Tiffany M. D.
Medical Attendant.

*Address* 31 Cathedral St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

# Board of Health, City of Baltimore,

Permit No. 17332 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Anna McDonald

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 95 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

*Duration of Residence in the City of Baltimore,* 4 years —

*Place of Death,* {Give street and Number.} 55. Brune St

*Cause of Death,* First, (Primary,) General Debility and

Second, (Immediate,) old age —

*Duration of Last Sickness,* —

All the above Information should be furnished by the Physician.

*Place of Burial,* Gr. Mount

*Date of Burial,* 13 June

*Undertaker,* [illegible] Jackson

*Place of Business,* [illegible] Chas

Edwd. F. Mulholland M. D.,
Medical Attendant.

*Address,* 283, W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attent...

# Board of Health, City of Baltimore,

Permit No. 57333 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Swift

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 337 Eastern.

*Cause of Death,* First, (Primary,) Intestinal Inflammation

Second, (Immediate,)

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted]

*Date of Burial,* June 12th 82 R. W. Mansfield M. D.,

*Undertaker,* G. France Medical Attendant.

*Place of Business,* Bantz & Wolf *Address,* 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57324 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lapp

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 76 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} No. 324 Bank St

*Cause of Death,* First, (Primary,) Dropsy

Second, (Immediate,) Uraemia

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* M.E.B.G. Phil. Road

*Date of Burial,* June 12, 1882

*Undertaker,* M. A. Dwyer

*Place of Business,* 745 Broadway

J. Kelly, M. D.,
Medical Attendant.

Address, .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ...

# Board of Health, City of Baltimore,

Permit No. 57334 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte E. O'Connor

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland 25 yrs

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Church House

*Cause of Death,* First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) Laryngeal Phthisis

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park Cem

*Date of Burial,* June 12th 1882

*Undertaker,* M a Daign

*Place of Business,* 74 S. Broadway

Elias L. Price M. D.,
Medical Attendant.

*Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

17
5 7336 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** [redacted]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT
JUN 13
BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Doyle

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 82 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} County Derry, Ireland

*Duration of Residence in the City of Baltimore,* 45 to 50 years

*Place of Death,* {Give street and number.} 18 Abeys Alley

*Cause of Death,* First (Primary,) Old age

Second (Immediate,)

*Duration of Last Sickness,* Infirm & unable to work for 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery *F. N. McManus* M. D.

Medical Attendant.

*Date of Burial,* June 12

*Undertaker,* B. Mull

*Place of Business,* 82 West St. *Address* N. Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Numbers Below, and to Another Certi

# Board of Health, City of Baltimore,

Permit No. 57337 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1884 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 9th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Griffin

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* About 60 *Years,* *Months,* *Days,*

*Color,* Negro

*Married,* ~~Single~~, *Widow* ~~or Widower~~ {Cross out the word not required in this line.}

*Occupation,* Washerwoman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Hanford Co

*Duration of Residence in the City of Baltimore,* Dont Know

*Place of Death,* {Give street and Number.} No 2 Brewers Alley

*Cause of Death,* First, (Primary,) Fever

Second, (Immediate,) Exhaustion from want of Nourishment

*Duration of Last Sickness,* Eight days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 12th.

*Undertaker,* F A Kirchner

*Place of Business,*

Wm A Moale M. D.,
Medical Attendant.

*Address,* 152 N Charles St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 67338 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Hartlove

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 7 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 179 N. Washington Street

*Cause of Death,* First, (Primary,) Measles

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bethel Cemetery

*Date of Burial,* June 13th 1882

*Undertaker,* Dimm & Mitchell

*Place of Business,* 65 S Broadway

James F. H. Shane M. D.
Medical Attendant.

*Address,* 67 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention

# Board of Health, City of Baltimore,

Permit No. 57339 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Harry Stevenson

*Sex,* Male ~~or Female~~, { Cross out the word not required in this line. }

*Age,* 4 *Years,* 9 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* During life.

*Place of Death,* { Give street and Number. } 141 Mulberry St.

*Cause of Death,* { First, (Primary,) Wound of the Head accidental
Second, (Immediate,) Tetanus.

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial* St Peters Cem

*Date of Burial,* June 12' 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St

J. L. Miles M. D.,
Medical Attendant.

*Address,* 69 N Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

1

# Board of Health, City of Baltimore,

Permit No. 57340

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Fred'k Layton

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 6 *Years,* 1 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Born

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 26 Hillen

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 11

E. J. Hanna M.D.,

Medical Attendant.

*Undertaker,* Randall Bryan

*Place of Business,* 1 Bank Place *Address,* 55 Eutaw St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the following

# Board of Health, City of Baltimore,

Permit No. 57341 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUNE 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Mary Jane Pierce~~ June 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Pierce

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Fifty three Years, — Months, — Days.

*Color,* W

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number.} No 107 Mulliken St

*Cause of death,* First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) " " Asthenia

*Duration of Last Sickness,* Seven months

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* June 12th 1882

*Undertaker,* Theodore J Decker

*Place of Business,* 73 Jefferson St. *Address,* 1152 Fayette St

Whitefield Witney M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases to ... of this Cer...

# Board of Health, City of Baltimore,

Permit No. 57342 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Deignullis

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ... *Years,* One *Months,* 21 *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ...

*Occupation,* ...

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Md.

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* { Give street and Number. } 127 S. Eutaw

*Cause of Death,* First, (Primary,) Colica Pictonum

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mary's

*Date of Burial,* June 12 1892

*Undertaker,* M. Lamb

*Place of Business,* No 358 W. Balto

Jno. L. Whiting M. D.
Medical Attendant.

*Address,* 1 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on [illegible] Certificate.

9

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Reagan

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* *Sex,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number.} 33 Marshmarket Space

*Cause of Death,* First (Primary,) Cholera Morbus

Second (Immediate,) unknown

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E Balto B Cemetery F G. Connolly *M. D.*

Medical Attendant.

*Date of Burial,* June 11

*Undertaker,* Wm Coleman *Address* Coroner

*Place of Business,* City Hall

Bother Claud Undertaker June 12 1882

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible] of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 67344 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th, 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Son of [illegible]

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 1 *Years,* [illegible] *Months,* [illegible] *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } [illegible]

*Occupation,* [illegible]

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* { Give street and Number. } No. 43 E. Eutaw Street

*Cause of Death,* First, (Primary,) Bronchitis

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* Seven days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* 12th June 1882

*Undertaker,* M. Slattery & Son

*Place of Business,* 90 E. Monument St

[illegible] M. D.,
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ... of this Cer...

# Board of Health, City of Baltimore,

Permit No. 57345 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } John Baker

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 39 *Years,* — *Months,* — *Days.*

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Shoemaker

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* { Give street and Number. } 198 Bank St

*Cause of Death,* First, (Primary,) Heart Disease

Second, (Immediate,) Sudden Death

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* June 12th 1882

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave *Address,* 67 Balto St

Coroner's Certificate

Medical Attendant. M. D.,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible] this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57346 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRATION DEPARTMENT JUN 13 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bingham

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Builder

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia

*Duration of Residence in the City of Baltimore,* one year

*Place of Death,* {Give street and Number.} 69 East Pratt St

*Cause of Death,* First, (Primary,) Mitral regurgitation

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Philadelphia Penn

*Date of Burial,* June 12th 1882

*Undertaker,* Thos. L. Hughes

*Place of Business,* 60 E Baltimore *Address,* 1 High St

Wm H Stoffenderfer *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ... of this Cer...

# Board of Health, City of Baltimore,

Permit No. 17347 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in h last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Vogler

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 79 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* ~ ~ ~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give street and Number.} 235 E. Eager St

*Cause of Death,* First, (Primary,) Insufficiency Mitral valves

Second, (Immediate,) Asphyxia

*Duration of Last Sickness,* Cannot say definitely

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet

*Date of Burial,* June 12, 1882

*Undertaker,* Henry Hauk

*Place of Business,* 30 Central Ave.

S. Cosden M. D., Medical Attendant.

Address, 235 E. Eager

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 573418 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edward Fitzgerald

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Glass Blower.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} New Jersey

*Duration of Residence in the City of Baltimore,* 9 months.

*Place of Death,* {Give street and number.} 571 Hanover St.

*Cause of death,* First, (Primary,) Typho-Malarial fever.

Second, (Immediate,) Hemmorhage

*Duration of Last Sickness,* 6 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* June 12th.

*Undertaker,* C F Krause

*Place of Business,*

Edwd P McDowell M. D.,
Medical Attendant.

*Address,* 167 and South St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention ... Penalty ...

# Board of Health, City of Baltimore,

Permit No. 573419 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Heishuman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 77 *Years,* — *Months,* *Days.*

*Color,* White —

*Married, ~~Single, Widow or Widower.~~* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 44 years

*Place of Death,* {Give street and Number.} 278 N Eyth St

*Cause of Death,* First, (Primary,) Apoplexy

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial* Land of Hebron Cemetery

*Date of Burial,* June 13th 1882

*Undertaker,* Wm Silan

*Place of Business,* 101 Gough St

A B Arnold M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases &c.

# Board of Health, City of Baltimore,

Permit No. 6736 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel Davis

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} No 18 Thom St

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* North Point Cemetery Balto Co

*Date of Burial,* June 12 1882

*Undertaker,* William Deuger

*Place of Business,* No 62 Bank St

Wm. L. Russell M. D.,
Medical Attendant.

*Address,* 238 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on [illegible]

# 20 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 67367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrika L. Petzold

*Sex, ~~Male~~ or Female,* {Cross out the words not required in this line.} Female

*Age,* 51 *Years,* ..... *Months,* ..... *Days*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* .....

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and number.} 25 Abell St

*Cause of Death,* {First (Primary,) Cancerous Cachexia (carcinoma)
Second (Immediate,) Heart clot

*Duration of Last Sickness,* 8-10 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cemetary

*Date of Burial,* June 13

*Undertaker,* Andrew Robb

*Place of Business,* 18 Penn ave

W. F. Atkinson M.D.
Medical Attendant.

*Address,* 55 No Green St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

15

# Board of Health, City of Baltimore,

Permit No. 57362

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L Gaskill

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 173 Montgomery St

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* June 12/82

*Undertaker,* Hunting & Denny

*Place of Business,* 263 Eighth

L. B. Noble M.D.,
Medical Attendant.

*Address,* 58 Hanover

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ... this C...

# Board of Health, City of Baltimore,

Permit No. 57353 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phoebe Sutton

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days,*

*Color,* Blk

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 14

*Place of Death,* {Give street and Number.} 224 Hanbury

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* 5 Mts

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp st Cemetery

*Date of Burial,* June 12 1882

*Undertaker,* H Ross

*Place of Business,* 45 Conway st

G. A. P. Ellis M. D.,
Medical Attendant.

*Address,* 213 Light st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5

# Board of Health, City of Baltimore,

**Permit No.** 57357

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 12 3 1882 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* 11th of June

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Weng

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 101 Chesnut Street

*Cause of Death,* First, (Primary.) .....

Second, (Immediate.) Comptsumtion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* 13th of June

*Undertaker,* Charles White

*Place of Business,* Thomson St

Geo. H. Dorsey M.D.,
Medical Attendant.

*Address,* Bd of Health

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy J. Wolford

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 27 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,* Cook

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md

*Duration of Residence in the City of Baltimore,* 18 Yrs.

*Place of Death,* {Give street and number} Nr. 4 Shute St.

*Cause of Death* First, (Primary.) Consumption

Second, (Immediate,)

*Duration of last Sickness,* Four years

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* June 12th 1882

*Undertaker,* Wm W Madden

*Place of Business,* 46 East St

Lilian Bullock M. D.
Medical Attendant.

*Address,* 152 Dorsey St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Mann

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 10 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 231 Madison Ave

*Cause of Death* First, (Primary.) Cerebro-Peritonitis

Second, (Immediate.)

*Duration of last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 13th 1882

*Undertaker,* Wm Weaver

*Place of Business,* No 222 N. Eutaw

E. Miller Lee, M.D.
Medical Attendant.

*Address,* 121 W. Lanvale St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12
Permit No. 5735

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 12 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Kirkland

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 87. *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore.-

*Duration of Residence in the City of Baltimore,* Life.-

*Place of Death,* {Give street and number.} 181 Division St. Balt.

*Cause of Death,* First, (Primary.) Old age.-

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* June. 13

*Undertaker,* C H Blizzard

*Place of Business,* 198 Penn av

Alan P. Smith M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57368 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 12 13 1882

*Date of Death,* June 12. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Superiore

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* His entire life time

*Place of Death,* {Give street and Number.} ~~His~~ 338 Lamvale St

*Cause of Death,* First, (Primary.) Hepatic Chronic Heart disease

Second, (Immediate.) Bright Kidney disease do

*Duration of Last Sickness,* About 3 months

All the above information should be furnished by the Physician.

*Place of Burial* Greenmount

*Date of Burial,* Jun 13

*Undertaker,* C H Blizard

*Place of Business,* 178 Pen av

W Hammond M. D.
Medical Attendant.

*Address,* 64 N Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57869 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Jane Phillips

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 4 *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 15 E. Lombard St

*Cause of Death,* First, (Primary,) Choked

Second, (Immediate,) Spasms

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* E Pub Cem

*Date of Burial,* June 12

*Undertaker,* McColeman

*Place of Business,* .....

Geo H. Benson M. D.
Medical Attendant.

*Address,* Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on ...

# Board of Health, City of Baltimore,

Permit No. 17360 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 12 3 1882 BALTIMORE

*Date of Death,* June 10. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah B Merryman

*Sex, Male or ~~Female.~~* {Cross out the word not required in this line.}

*Age,* 34 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

*Color,* White

~~*Married,*~~ *Single, ~~Widow or Widower.~~* {Cross out the word not required in this line.}

*Occupation,* Conductor for B & O R.R.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 15 years.

*Place of Death,* {Give street and Number.} 157 Division St

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of Last Sickness,* 14 days

All the above Information should be furnished by the Physician.

*Place of Burial* London Park Cemetery

*Date of Burial,* June 12, 1882 James T Bosley M.D.

*Undertaker,* Henry T Mitchell Medical Attendant.

*Place of Business,* 550 W Fayette *Address,* 319 Hallin ...

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ial Attention ...

# Board of Health, City of Baltimore,

Permit No. 57361 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 12 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Anna Taylor

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* 4 *Months,* *Days.*

*Color,* white

*Married,* ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 149 Mulberry near Pearl St.

*Cause of Death,* First, (Primary,) Old age

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Years

All the above information should be furnished by the Physician.

*Place of Burial* Mt. Olivet Cem

*Date of Burial,* June 13 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St. *Address,* 84 E. Green St

H. Miller *M. D.,* Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

# Board of Health, City of Baltimore,

Permit No. 57362 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Guinavan

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* wht

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 15 W. Federal St.

*Cause of death,* First, (Primary,) Consumption of lungs

Second, (Immediate,)

*Duration of Last Sickness,* 6 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* June 13th 1882

*Undertaker,* Chas T Scriven

*Place of Business,* 271 W Eutaw St

G Lane Tannyhill M. D.,
Medical Attendant.

*Address,* 129 W Biddle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

# Board of Health, City of Baltimore,

Permit No. 47363 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 12 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ambrose Beverly Saucer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 6 *Years,* 10 *Months,* 1 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Prince George Co- Md

*Duration of Residence in the City of Baltimore,* 2 Months

*Place of Death,* {Give street and Number.} 243 N. Gilmore St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Charles Co Md

*Date of Burial.* Tuesday June 13th

*Undertaker,* John A. Gregory Ins

*Place of Business* 22 W. Fayette St

Jas. E. Gibbons M. D.,
Medical Attendant.

*Address,* 47 Edmondson Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

2688 Transit

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cert...

8

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

**Permit No.** 57364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Manning

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* 9 *Months,* *Days.*

*Color,* White *Sex,* Female

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Sister of Charity

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Pittsburg Penn^a

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number.} St Johns female school - 14 Valley St

*Cause of Death,* First (Primary,) Congestion of brain

Second (Immediate,)

*Duration of Last Sickness,* Six days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral | F. A. McManus M. D.

Medical Attendant.

*Date of Burial,* June 13 th

*Undertaker,* H. C. Wiedefeld *Address* 71 Franklin St

*Place of Business,* 90 Greenmount ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18

# Board of Health, City of Baltimore,

Permit No. 57365

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Watt

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Painter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} London England

*Duration of Residence in the City of Baltimore,* Fifty years

*Place of Death,* {Give street and number.} 108 S. Peters St.

*Cause of Death,* First, (Primary.) Chronic Bronchitis

Second, (Immediate.)

*Duration of Last Sickness,* About 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem.

*Date of Burial,* June 14th 1882

Silas Armitage M.D.,
Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Baltimore St. *Address,* N 141 Paca St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible].

# Board of Health, City of Baltimore,

Permit No. 57366 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 12. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry [illegible] Smith

*Sex,* Male ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 2 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 6 Mason ac

*Cause of Death,* First, (Primary,) Small Pox

Second, (Immediate,) .....

*Duration of Last Sickness,* Twelve days

All the above information should be furnished by the Physician.

*Place of Burial* Laurel

*Date of Burial,* June 13th 1882

*Undertaker,* Wm D Gray

*Place of Business,* 65 Mulberry

I C Atkinson M. D., Medical Attendant.

*Address,* 223 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 9 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emil Deutsch

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 3 *Years,* 6 *Months,* ____ *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ____

*Occupation,* none

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* { Give street and number } 66 Conway St.

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Debility

*Duration of last Sickness,* about 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cemetery

*Date of Burial,* 14th June

J. R. Wilder M. D.
Medical Attendant.

*Undertaker,* C. H. Hollander & Sons

*Place of Business,* 41 Park Ave. *Address,* 234 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. B. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 17 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE BOARD OF HEALTH BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Harvey

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* 8 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* about 2 years

*Place of Death,* {Give street and number} 106 Edmondson Ave.

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate,) Diphtheria

*Duration of last Sickness,* 4 or 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* July 13th 1882

J. R. Uhler M. D.
Medical Attendant.

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw St

*Address,* 284 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57369 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th, 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Simms

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 26 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Laborer

*Birthplace,* { State in country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 10 Clay Between Eutaw & Howard

*Cause of Death,* { First, (Primary,) Typhoid Fever
Second, (Immediate,) Typhoid Fever

*Duration of Last Sickness,* 10 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* St Alphonsus.

*Date of Burial,* June 13th

*Undertaker,* M. Purdy

*Place of Business,* No 35 Barre

M. D., Medical Attendant.

Address,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

# Board of Health, City of Baltimore,

Permit No. 57370 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie C. Rhodes

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* 10 *Months,* 7 *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 25 S Poppleton St

*Cause of Death,* First, (Primary,) Cancer of the Stomach

Second, (Immediate,)

*Duration of Last Sickness,* Several Years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 13th 1882

*Undertaker,* John Thacher,

*Place of Business,* No 180 Camden St

Elias Le Price M. D.
Medical Attendant.

*Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57371 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 11 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hartman Printz

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 64 *Years,* *Months,* 10 *Days,*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Farmer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 30

*Place of Death,* { Give street and Number. } 814 Light St

*Cause of Death,* First, (Primary,) Heart Disease (Mitral insufficiency)

~~Second, (Immediate,)~~ Bronchitis Chronic (Exhaustion)

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* June 13th 1882

*Undertaker,* C. F. Krause

*Place of Business,*

R. Apple's M. D.,
Medical Attendant.

*Address,* 313 Light St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5

# Board of Health, City of Baltimore,

Permit No. 5/312

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 12 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lonia Smith

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 3 *Days.*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 92 Chestnut St.

*Cause of Death,* First, (Primary.) Convulsions

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 24 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 13 82

*Undertaker,* Aly Hinsely

*Place of Business,* 116 Orchard St *Address,*

J. W. Chambers M.D.

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57373 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 13 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie A. Mallonee

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 82 Block St.

*Cause of death,* First, (Primary,) Pulmonary consumption.

Second, (Immediate,)

*Duration of Last Sickness,* about 1 year

**All the above information should be furnished by the Physician.**

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 15th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

Jno. S. Smith M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57371 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 12 th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A Moore

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Grocer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 244 E Fayette St

*Cause of Death,* First, (Primary,) Repeated colds

Second, (Immediate,) Acute Bronchitis

*Duration of Last Sickness,* About six weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* June 14 th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

Milton N. Taylor M. D.,
Medical Attendant.

Address, Broadway & Ho[illegible] St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

# Board of Health, City of Baltimore,

Permit No. 57375 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUN 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June. 13th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ford

*Sex,* ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* ~~*Years,*~~ 11 *Months,* 21 *Days.*

*Color,* White

*Married, Single,* ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 506 E Chase St

*Cause of Death,* { First, (Primary,) } Scarlet Fever
{ Second, (Immediate,) }

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cem

*Date of Burial,* June 13th 1882

*Undertaker,* Wm H. Hickman

*Place of Business,* No 234 N. Gay St

S. M. Hunter M. D.,
Medical Attendant.

*Address,* 36 Emmett Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore, 9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel H. Adamas

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 55 *Years,* ..... *Months,* ..... *Days.*

*Color,* White *Sex,* .....

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Builder

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 37 years

*Place of Death,* {Give street and number.} Carrollton Hotel

*Cause of Death,* First (Primary,) Perforation of Stomach

Second (Immediate,) Cancer of Liver

*Duration of Last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 14th 1882

Jas H. Glas Kins M. D.
Medical Attendant.

*Undertaker,* Henry Jenkins Son *Address* 221 Carrollton ave

*Place of Business,* 78 N Chas St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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# Board of Health, City of Baltimore,

Permit No. 5-7377

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Johnson

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.} Male.

*Age,* ——— *Years,* four *Months,* ——— *Days.*

*Color,* Colored

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 198 Robert St

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* June 10/82

*Date of Burial,* Wes Pub Cmty

*Undertaker,* Fred A Kirchner

*Place of Business,* 50 Monument Ave, *Address,* 58 N. Green St.

Dr L H Barclay M.D.,
Medical Attendant.
for Homoeopathic Dispensary

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57378 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 12-1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Washington

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 11 ½ *Months,* ..... *Days.* 1

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 273 Arlington St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* June 13th 1882

*Undertaker,* Thos F Locks

*Place of Business,* 73 Jefferson St

Leo F Taylor M. D.,
Medical Attendant.

*Address,* 222 N Fremont

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 57379 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Scoot.

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 1 *Months,* 23 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower.* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 158 N. Bethel St

*Cause of Death,* First, (Primary,) Cholera Infant

Second, (Immediate,) Brain trouble

*Duration of Last Sickness,* 2 weeks —

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* June 13th 1882

*Undertaker,* Theo F Koch

*Place of Business,* 73 Jefferson St

Francis A. Sauer M. D.,
Medical Attendant.

Address, 105 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... of this Certificate.

# // Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5-7386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 11 A.M. 11th June, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Edward Cheney

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.} Male

*Age,* 43 *Years,* 8 *Months,* 26 *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Boatman & Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Talbot County - Maryland

*Duration of Residence in the City of Baltimore,* about 5 years

*Place of Death,* {Give street and number} 158 Lyon St - Baltimore - Maryland

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,) Hemorrhage

*Duration of last Sickness,* about 6 or 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels Md

*Date of Burial,* June 13th 1882.

Wm. L. Smith M. D.
Medical Attendant.

*Undertaker,* Benj. W. Chase

*Place of Business,* 173 E. Howard St. *Address,* 236 N. Howard St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special [illegible] Date of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57381 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 12. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Zeigler

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 87. *Years,* — *Months,* — *Days,*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and Number.} 310. Charles

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Malarial Fever

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cemetery of the Lutheran Jerusalem Church Balt County

*Date of Burial,* June the 14

Theodore Cooke M. D.,
Medical Attendant.

*Undertaker,* B. Harle

*Place of Business,* No 82 West St. Address, 146 Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

2

# Board of Health, City of Baltimore,

Permit No. 37382

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 12 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Dolly

*Sex,* [redacted] *Female,* { Cross out the word not required in this line. }

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } County Clare, Ireland,

*Duration of Residence in the City of Baltimore,* 8 yrs

*Place of Death,* { Give street and number. } 162 S. Central Ave.

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.) of Lungs

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* June 14 1882

John F. Hannan M.D.,
Medical Attendant.

*Undertaker,* M A Daiss

*Place of Business,* 74 S. Broadway *Address,* E. Va. Calvert & Read a

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

15-9

# Board of Health, City of Baltimore,

Permit No. 57383

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eckhart Spoth

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Upholsterer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* About 30 Years.

*Place of Death,* {Give street and number.} 79 Howard St

*Cause of Death,* First, (Primary) Suicide by

Second, (Immediate.) hanging

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 14th

*Undertaker,* F. N. Groll

*Place of Business,* 131 Hanover St

H. D. Bell M.D., Medical Attendant.

Coroner

*Address,* 161 S. Sharp St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57384 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William John Nelson

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 9 *Months,* 4 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 30 Essex Street

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 30 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Paulus Cemetery

*Date of Burial,* June 14th 1882

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave

Thos E. McShane M. D.
Medical Attendant.

Address, 68 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57386 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 13, 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Coss,

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* 2 *Years,* ..... *Months,* ..... *Days,*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 94 Henrietta St

*Cause of Death,* First, (Primary,) Pneumonia.

Second, (Immediate,) asthenia,

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 14

*Undertaker,* H. Ross

*Place of Business,* 95 Conway St

E. S. Boze M. D.,
Medical Attendant.

*Address,* 206 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special [illegible] ... [illegible] ... ex of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57386 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Strohman

*Sex, Male or Female,* { Cross out the word not required in this line. } ~~Male~~ Female

*Age,* 5 *Years,* 4 *Months,* ... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } 401 Light St —

*Cause of Death,* First, (Primary,) Confluent Small pox

Second, (Immediate,) Never had been vaccinated

*Duration of Last Sickness,* 12 days —

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 14 —

*Undertaker,* B. Hauk

*Place of Business,* 82 West St.

Edwd. F. Buchholz M. D., Medical Attendant.

*Address,* 283 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to forward within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully directed to the Remarks below, and to Directions on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57387 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 12 M BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ruslin Pearce

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 10 *Months,* 12 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Lancaster County Virginia

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give street and Number.} 24 Camden St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* 3 Weeks & 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lancaster County Virginia

*Date of Burial,* June 14th 1882

*Undertaker,* John Lake

*Place of Business,* 166 Balt St

Jno Correll M. D.
Medical Attendant.

*Address,* 162 S. Charles St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special ... Back of this ...

# Board of Health, City of Baltimore,

Permit No. 57388 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1887 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 13, 1887

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel E. Brown

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 4y *Years,* 6 *Months,* 4 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bath

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 22 Randall St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria Small pox

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green mt Cemetery

*Date of Burial,* June 14th

*Undertaker,* B Beale

*Place of Business,* 82 West St

A. Bruce Brit M. D.
Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ... of this Certificate.

# 19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 67389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Gibson

*Sex,* [redacted] or *Female,* {cross out the word not required in this line.}

*Age,* 27 *Years,* ... *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Harford Co.

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give street and number} 715 W. Fayette St.

*Cause of Death* First, (Primary,) "Miscarriage"

Second, (Immediate,) Septicaemia

*Duration of last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cecil Co Md

*Date of Burial,* June 15th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette

*Address,* ...

... M. D.
Medical Attendant.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Account ... For State Certificate

# Board of Health, City of Baltimore.

Permit No. 57390 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel T. Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* Fifty *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Bricklayer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} No. 22 & N. Durham St.

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Apoplexy

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 14/82 Wm H Clendinen, M. D.,

*Undertaker,* Fry & Lee Medical Attendant.

*Place of Business,* 8 & N Broadway *Address,* No. 102 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57391 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Loewenthal

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 71 *Years,* × *Months,* × *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Store Keeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Thirty Years

*Place of Death,* {Give street and Number.} Hebrew Hospital

*Cause of Death,* First, (Primary,) Chronic Cystitis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cem. Philadelphia Rd

*Date of Burial,* June 15th 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St.

A. Friedenwald M. D.,
Medical Attendant.

*Address,* 88 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

# Board of Health, City of Baltimore,

Permit No. 57392 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 14 1882 BALTIMORE

*Date of Death,* Jun 13. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Cuny

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days,*

*Color,* white

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Quarryman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and Number.} N. W. P. Station

*Cause of Death,* First, (Primary,) Pistol Ball wound. Head

Second, (Immediate,)

*Duration of Last Sickness,* Instantaneously

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* June 14th 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St

Chas Tinsley M. D.,
Medical Attendant.

Address, Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ile Special Attention ... ...ack of this Certificate.

18 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 14th, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha L Keefer

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* thirty three *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Virginia

*Duration of Residence in the City of Baltimore,* About eight years

*Place of Death,* {Give street and number.} No 102 Washington Avenue

*Cause of Death,* First (Primary,) Puerperal Fever

Second (Immediate,) Prostration — Exhaustion

*Duration of Last Sickness,* About Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* June 15th 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Baltimore St.

J. Ridgely Hammond M. D.
Medical Attendant.

Address N.E. Cor. Calhoun & Hollins sts. City

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attentio... Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57394 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 14 18 82 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 12 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Ems

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,)

Second, (Immediate.) Fract. Pelvis & Internal Injury

*Duration of Last Sickness,* 2½ days

All the above Information should be furnished by the Physician.

*Place of Burial,* West Pur Cemetery

*Date of Burial,* June 13/82

*Undertaker,* Fred'k Kirchner

*Place of Business,* 50 & Carrollton Ave

Alexander Tinsley M. D.
~~Medical Attendant.~~ Coroner

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Special Attention ... back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 17395

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 13th June 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Sonnenburg

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 39 *Years,* 10 *Months,* 28 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Confectioner

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 23 years

*Place of Death,* {Give street and number} 464 W. Baltimore St.

*Cause of Death,* First, (Primary.) Inflam. Rheumatism

Second, (Immediate.) Septicaemia

*Duration of last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 15th

*Undertaker,* John Teufel

*Place of Business,* 796 W. Balto. *Address,* 380 W. Fayette St.

A. M. Littell M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore, 9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 12/84

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsey Holiday

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* ——— *Months,* ——— *Days.*

*Color,* Dark

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Frederick City Md 12 years

*Location of Residence in the City of Baltimore,* 37 Fillmore Sharp St

*Place of Death,* {Give street and number.}

*Cause of Death,* {First (Primary,) ——— Second (Immediate,)} Old Age 2 Weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* June 14th 84

*Undertaker,* J. C. Jordan

*Place of Business,* 63 Park Ave

Thos. J. Worrall M. D.
Medical Attendant.

*Address* 124 St Paul St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57857 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 14 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Son F. Hilgenstock

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* — *Years,* — *Months,* 2/60 ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } 164 North Washington St

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } 164 North Washington St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Premature Birth

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* On Premises

*Date of Burial,* June 14th 1882

*Undertaker,* Parento

*Place of Business,*

J. W. Cassell M. D.,
Medical Attendant.

*Address,*

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57398 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Schmidt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 84 *Years,* *Months,* *Days,*

*Color,* White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany. Thirty-five years.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} # 342 S. Bond St.

*Cause of Death,* First, (Primary,) Old age accompanied by Valvular disease of the Heart.

Second, (Immediate,)

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Set Sauveur Cemetery

*Date of Burial,* June 15th 1882

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton ave.

John H. Kelbergen M. D., Medical Attendant.

*Address,* # 343 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 67399 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm S J Smit

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* — *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 238 Ausquith St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 238 ausquith St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* June 15th 1882

*Undertaker,* Wm H Hickman

*Place of Business,* 234 N Gay St

David V Moyer M. D., Medical Attendant.

*Address,* 170 Ausquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Lists of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57400 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Gale

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ or Female

*Age,* 1 *Years,* *Months,* 14 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~, Single, ~~Widow~~ or ~~Widower~~

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 24 Morris al.

*Cause of Death,* First, (Primary.) Hydrocephalus

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* About 3 wks.

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* June 15th 1882

*Undertaker,* Geo. W. Chase

*Place of Business,* 178 E. Howard St

Eldridge C. Price M. D.
Medical Attendant.

Address, 262 Madison Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 57401 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Ottenheimer

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 46 *Years,* × *Months,* × *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Twenty Years

*Place of Death,* {Give street and Number.} Hebrew Hospital

*Cause of Death,* First, (Primary,) Emphysema & Bronchitis

Second, (Immediate,) ~~Bronchitis~~ Exhaustion

*Duration of Last Sickness,* 14 years

All the above Information should be furnished by the Physician.

*Place of Burial,* Eden St Hebrew Cemetery

*Date of Burial,* June 15th 1882

*Undertaker,* Wm. Eilau

*Place of Business,* 101 Gough St

A Friedenwald M. D.
Medical Attendant.

Address, 88 N Eutaw Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

he Special Attention of ... to the Remarks Below, and to List of Diseases ... Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57402 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mady Mirsfeby

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* One *Months,* ..... *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} No 24 Miller St

*Cause of death,* First, (Primary,) Cyanosis

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* June 16th

*Undertaker,* Geo Schilling

*Place of Business,* .....

By Wm. L. Russell M. D.,
Medical Attendant.

*Address,* 238 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3

# Board of Health, City of Baltimore,

Permit No. 57403

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 15 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15. 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert L. Coote

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6. *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 22. S. Washington St.

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) Exaustion

*Duration of Last Sickness,* Seven days.

**All the above information should be furnished by the Physician.**

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* June 16th 1883

Geo. M. Barkman M.D.,

Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway *Address,* Fairmount Ave

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

94

The Special Attention of [illegible] to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57404 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Eliza Giddings

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* Fine *Years,* ~~Months,~~ ~~Days.~~

*Color,* Brown

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give street and number.} No 29 Chestnut al.

*Cause of death,* First, (Primary,) Diptheria

Second, (Immediate,) Prostration

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* June 15th 1882

*Undertaker,* Wm J Gray

*Place of Business,* 65 Mulberry St

F. B. Gardner M. D.,
Medical Attendant.

*Address,* 120 N. Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16 **Board of Health, City of Baltimore,**

Permit No. 57405 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 13 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannie Stewart

*Sex,* ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* 9 *Months,* — *Days.*

*Color,* W'te

*Married,* ~~*Single,*~~ ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 84 Dorsey St

*Cause of Death,* First, (Primary.) Phthisis Pulm.

Second, (Immediate.) —

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 15-1892

*Undertaker,* Wm H Madden

*Place of Business,* 76 East St

E. B. Bullard *M.D.,*

Medical Attendant.

*Address,* Howard Ave Dispensary

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57406 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Barbara Horel

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 47 *Years,* 9 *Months,* 14 *Days,*

*Color,* White

*Married, ~~Single, Widow, or Widower,~~* {Cross out the word not required in this line.} Married

*~~Occupation~~,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give street and Number.} No 140 S. Wolf st

*Cause of Death,* First, (Primary,) Organic disease of the Heart

Second, (Immediate,) Dropsy

*Duration of Last Sickness,* Six months

All the above Information should be furnished by the Physician.

*Place of Burial,* St Mathews Cemetery

*Date of Burial,* June 15th 1882

*Undertaker,* Sander & Son

*Place of Business,* 202 Caroline st

Thomas P. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 57407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June – 14th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sellman H. Rupp. –

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* – 4 – *Years,* – 10 – *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} – City –

*Duration of Residence in the City of Baltimore,* Lifetime –

*Place of Death,* {Give street and number} 202 Harlem Ave. –

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) Cerebro Spinal Meningitis

*Duration of last Sickness,* – 3 weeks. –

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cy

*Date of Burial,* June 16th 1882.

W. A. B. Sellman M. D.
Medical Attendant.

*Undertaker,* Stewart & Mowen

*Place of Business,* 95 Park Ave *Address,* 249 Carroll Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

*Date of Death,* June 14 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Reid

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days.*

*Color,* W

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany 50 yrs

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} S. W. cor Milliam & Montgomery Sevilla

*Cause of Death* {First, (Primary,) Second, (Immediate,)}

*Duration of last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* June 17/82

*Undertaker,* Cumming & Conn

*Place of Business,* 263 Light St *Address,* 87 Barnet

H. W. Webster M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

14

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evaline Augusta Smith Kemble

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Years, 3 Months, 3 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 13 Hanover Ave

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) Diarrhea

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 16/82

*Undertaker,* Austin & Denny

*Place of Business,* 263 Light

Attended Last by Dr. Ritter. Certificate Dr. Ritter. M. D.

Dr. H. B. Noble Attendant.

*Address,* 50 Hanover Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Saturday of each week. 14

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore, 13

Permit No. 57418 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kelton A Sauer

*Sex,* ~~*Male*~~ *or* ~~*Female*~~, {Cross out the word not required in this line.} Male

*Age,* *Years,* 2 *Months,* 28 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 35 Conway St.

*Cause of death,* First, (Primary,) Congestion Brain

Second, (Immediate,)

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* June 16th 82

*Undertaker,* C. F. Krause

*Place of Business,*

Chas Le Horn M. D.,
Medical Attendant.

*Address,* Mulberry & Myrtle av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 17411 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 13. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Dearing

*Sex,* ~~Male~~, or *Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* white

~~*Married*~~, ~~*Single*~~, *Widow* or ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 42 years

*Place of Death,* {Give street and number.} 94 Hillstreet

*Cause of death,* First, (Primary,) Peritonitis

Second, (Immediate,)

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* London P.R. Cemetery

*Date of Burial,* June 15th.

*Undertaker,* F. N. Groll

*Place of Business,* #131 Hanover St

John J. Litzer M. D.,
Medical Attendant.

Address, 166 Saratoga street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Conrad

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 82 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Forty Years

*Place of Death,* {Give street and number} 67 S. Fremont

*Cause of Death,* First, (Primary,) .....
Second, (Immediate,) Debility from old age.
One month

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Lauden Park Cemetery

*Date of Burial,* June 15th 1882

Louis N. Knight M. D.
Medical Attendant.

*Undertaker,* Thos P Kinnamond

*Place of Business,* 317 Mulberry St *Address,* 112 N Green

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

16

# Board of Health, City of Baltimore,

Permit No. 57443

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUN 15 8 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Stein

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

*Married, ~~Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Liverpool England

*Duration of Residence in the City of Baltimore,* Thirty (31) Years.

*Place of Death,* {Give street and number.} 98 S. Paca St

*Cause of Death,* {First (Primary,) Puerperal Fever

Second (Immediate,) On Wk

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem. D. L. Stein M. D.

*Date of Burial,* June 15th 1882 Medical Attendant.

{*Undertaker,* J. B. Cook

{*Place of Business,* 707 W. Balto. St *Address* 387 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

14

# Board of Health, City of Baltimore,

Permit No. 57417 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 14 / 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Redmond

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 65 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give street and Number.} 175 Vine St.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

*Duration of Last Sickness,* 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* June 15th 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St.

Thomas O'Brien M. D.
Medical Attendant.

*Address,* 39 N. Camp

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57465 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

*Date of Death,* June 14th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edw Manning

*Sex, Male or Female,* { Cross out the word not required in this line. } —

*Age,* — *Years,* 14 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } 90 Ramsay

*Cause of Death,* First, (Primary,) Hydrocephalus Chronic

Second, (Immediate,)

*Duration of Last Sickness,* One year —

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* June 15th 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St.

Edw. F. Mechlenburg M. D., Medical Attendant.

*Address,* 283 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57416 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th - 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Lanagan.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* — *Days,*

*Color,* White —

~~*Married*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life —

*Place of Death,* {Give street and Number.} St. Vincent's Infant Asylum,

*Cause of Death,* First, (Primary,) Dysentery.

Second, (Immediate,) Exhaustion —

*Duration of Last Sickness,* 2 months —

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,*

*Undertaker,* Pat. Hunt,

*Place of Business,* Townsend & Irwin

R. H. Goldsmith, M. D., "Medical Attendant.

*Address,* Carlemar, Calhoun St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

5-7417

# Board of Health, City of Baltimore,

Permit No. 5-7417 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Glance

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} #246 S. Dallas St.

*Cause of Death,* First, (Primary,) Inflammatory Diarrhoea

Second, (Immediate,) followed by internal Convulsions.

*Duration of Last Sickness,* Five Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* June 16th '82

*Undertaker,* C. France

*Place of Business,* Frank & Wolf's Address, #243 Alice Anna St.

John H. Rehlbergen M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 57418 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Common Gunnell

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* [redacted] *Years,* 1/2 *Months,* [redacted] *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 640 Fort St

*Cause of Death,* First, (Primary,) Cholera infantum

Second, (Immediate,)

*Duration of Last Sickness,* Only one day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 16 1882

*Undertaker,* Jos Hemsley

*Place of Business,* 116 Orchard Ave

W. D. Borkey M. D.,
Medical Attendant.

*Address,* 117 Madison St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57419 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

*Date of Death,* June 15 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Lewis Sullivan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 4 *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~

*Occupation,* ~

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} Balto. —

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 37 Little Monument st

*Cause of Death,* First, (Primary,) Mal-Nutrition

Second, (Immediate,) .....

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial* Church St Cemetery

*Date of Burial,* June 16 1882

C. F. Braun M. D.,
Medical Attendant.

*Undertaker,* Jos Hunsley

*Place of Business,* 1160 Orchard *Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5-7420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1882 BALTIMORE

Fahys

# CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Fahys

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 2 y 6 months

*Place of Death,* {Give street and number} 47 Penna Ave living here

*Cause of Death* {First, (Primary,) obstruction of the Bowels.
Second, (Immediate,) Gastro Enteritis
Duration of last Sickness, one week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* June 16 82

J. A. Gillis M. D.
Medical Attendant.

*Undertaker* Alf Hemsley

*Place of Business,* 116 Orchard St *Address,* 150 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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# Board of Health, City of Baltimore,

Permit No. 57427

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 15 18[illegible] BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Skeeler

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* {Give street and number.} No 112 Gay St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Congestion Lungs

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent Cemetery

*Date of Burial,* June 16th 1882

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N. Gay St

O S Mahon M.D.,
Medical Attendant.

*Address,* 128 Exeter St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57422 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1852 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1852

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Ann Ingle

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 10 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Domestic

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* { Give street and Number. } No. 76 E. Baltimore St.

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of Last Sickness,* 3 Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Holla Cross Cemetery

*Date of Burial,* June 16 1852

*Undertaker,* John Keaveney

*Place of Business,* 352 Columbia Address, 3 [illegible]

[illegible] M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

10

# Board of Health, City of Baltimore,

*Permit No.* 57423

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUN 15 18[illegible] BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin B. Cason

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Book keeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Kent Co Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number.} 114 Lexington St

*Cause of Death,* First (Primary,) Dropsy

Second (Immediate,) Convulsions

*Duration of Last Sickness,* 48 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park J. H. Connolly *M. D.*

*Date of Burial,* June 16th, 1882 *Medical Attendant.*

*Undertaker,* A. Kinnaird *Address* Coroner

*Place of Business,* 32 N. Liberty

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Board of Health, City of Baltimore,

Permit No. 57124 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 13th. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Purnell

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* 10 *Months,* —— *Days.*

*Color,* Black

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Sans Hill, E.S. Maryland

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give street and Number.} City of Baltimore, 29 Franklin St.

*Cause of Death,* First, (Primary,) Abcess

Second, (Immediate,) Pyaemia

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* 16th June 1882

*Undertaker,* Wm James Gray

*Place of Business,* 65 Mulberry St

E. B. Finney, M. D.
Medical Attendant.

*Address,* 60 Courtland St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

12

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jay E. Knell

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* One *Years,* — *Months,* 19 — *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 288. 10. Hoffman St.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 288, 10. Hoffman St.

*Cause of Death,* First (Primary,) Scarlet Fever

Second (Immediate,) Septicaemia

*Duration of Last Sickness,* Nineteen Days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem[t] James H. Henry M. D.

Medical Attendant.

*Date of Burial,* June 16[th] 1882

*Undertaker,* Andrews & Hodges *Address* 153. Mc Culloh St

*Place of Business,* No 476 Druid Hill Ave Baltimore -

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 57426 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 14th June 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Hölzer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} (Germania)

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Asylum of the Little Sisters of the Poor for St. John and Valley Sts

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Hemiplegia

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cimetery

*Date of Burial,* June 16th 1882

*Undertaker,* John. Blattamps

*Place of Business,* 260 E. Lombard St.

W. Brooke Boyle M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5741 27

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Horrigan

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Thirty-six *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Police officer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland Thirty in the U.S. States

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give street and number} 146 division st. Balto.

*Cause of Death* First, (Primary,) Typhoid Fever.

Second, (Immediate,) "

*Duration of last Sickness,* Nineteen days

All the above information should be furnished by the Physician.

*Place of Burial,* Govanstown

*Date of Burial,* June 16th

*Undertaker,* Martin Fahey

*Place of Business,* 1612 Fountain *Address,* Baltimore

Silas Baldwin M. D.

Jos. Wollenbergen — M. D.

Medical Attendant. See p. 13

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 57428 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 12 *Years,* 8 *Months,* 12 *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 108 Lawrence St

*Cause of Death,* First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Marasmus Abdominus

*Duration of Last Sickness,* Two (2) weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial.* June 17 1882

*Undertaker,* Geo. Locke

*Place of Business,* 107 N. Eutaw Address, 107 N. Eutaw

S. W. Stone M. D.,
Medical Attendant.

Address, 108 Caroline St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 57429 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 17 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 15. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Reinhardt

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* 9 *Months,* 17 *Days.*

*Color,* W

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 56 Gough

*Cause of death,* First, (Primary,) Tuberculosis

Second, (Immediate,)

*Duration of Last Sickness,* Six Month.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 18 of June

*Undertaker,* Michael Funk

*Place of Business,* 35 Bank st

Louis Klein M. D.,
Medical Attendant.

*Address,* 226 Mulberry st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

5

# Board of Health, City of Baltimore,

Permit No. 57430

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Jones

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* 7 *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} #77 Chestnut St

*Cause of Death,* First, (Primary.) Carbon Spinal Meningitis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Thirty four days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* June 16th 1882

Saml J Bolh M.D.,
Medical Attendant.

*Undertaker,* Chas. A. White

*Place of Business,* 33 Courtland *Address,* #134 N Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special attention of ... is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57431

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann L. Jones

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give street and number} 28 Stockton Alley

*Cause of Death* {First, (Primary.) Consumption

{Second, (Immediate.)

*Duration of last Sickness,* Four months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp st Cemetery

*Date of Burial,* June 16th 1882

John Neff *M. D.*
Medical Attendant.

{*Undertaker,* W. R. & J. Duncan

{*Place of Business,* 10 Stockton 31 *Address,* 202 Aisquith st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5 7 4 1 3 2. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT JUN 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Armstrong

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* thirty seven *Years,* *Months,* *Days.*

*Color,* cd

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Anna Arundle Co.

*Duration of Residence in the City of Baltimore,* 19 years

*Place of Death,* {Give street and number.} # 99 N Durham St.

*Cause of death,* First, (Primary,) Neuralgia & Nephritis

Second, (Immediate,) Dropsy

*Duration of Last Sickness,* Eleven months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 16th 1882

*Undertaker,* Wm M. Dungee

*Place of Business,* 62 East St

Walter Way M. D., Medical Attendant.

*Address,* 178 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

L3

# Board of Health, City of Baltimore,

Permit No. 67483

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 15 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Ulsmith Bussard

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* 9 *Months,* 23 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 435 N Fountain St

*Cause of Death,* First, (Primary.) Anemia & Chronic Bronchitis

Second, (Immediate.)

*Duration of Last Sickness,* About two years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon park

*Date of Burial,* June 16

*Undertaker,* P B Cook

*Place of Business,* 707 Balto

James Smilay M.D.,

Medical Attendant.

*Address,* 1414 Park St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57434 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. M. Mahony

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 6 d. *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Chair Maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and Number.} 375 N. Gay St.

*Cause of Death,* First, (Primary,) Tumor Entina with Brights Disease

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Not known

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 18th 1882

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw St

J. Hall Thomas M. D.,
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

# Board of Health, City of Baltimore,

Permit No. 57435 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Borcherding

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 10 Months, 15 Days,

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 98 German St.

*Cause of Death,* First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

*Duration of Last Sickness,* 21 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 16th

*Undertaker,* C. D. N. Troll

*Place of Business,* #131 Hanover

R. J. H. Tabb, M. D.,
Medical Attendant.

*Address,* 152 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5744 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Silver Williams.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 90 *Years,* *Months,* *Days.*

*Color,* Mulatto.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} St. Mary's County, Md.

*Duration of Residence in the City of Baltimore,* 9 Years.

*Place of Death,* {Give street and number.} 4 Mantle Court.

*Cause of death,* First, (Primary,) Old Age.

Second, (Immediate,)

*Duration of Last Sickness,* About 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* June 16 1882

*Undertaker,* J S McShane

*Place of Business,* 1 E Lombard

J. B. White, M. D.,
Medical Attendant.

*Address,* Southern Dispensary.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

15

# Board of Health, City of Baltimore,

Permit No. 57437

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 16th June 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Jackson

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 30 *Years,* one *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Oysters Shucker

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore County

*Duration of Residence in the City of Baltimore,* Nine Years

*Place of Death,* { Give street and number. } 164 Howard St

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.) Emaciation & Exhaustion

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 16 1882

*Undertaker,* S McChase

*Place of Business,* 190 Thurmont

E. L. Dyer *M.D.,*

Medical Attendant.

*Address,* 146 Hill St.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57438

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. JUN 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Burk

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 25 *Years,* 7 *Months,* 18 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 330 Pennsa. Ave

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.) Two Months.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* June 17th 1882

*Undertaker,* Chas T Scriven

*Place of Business,* 2714 Eutaw St

J A Turner M.D.,
Medical Attendant.

*Address,* 117 N Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 67139 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah A. Linsley

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 44 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Cook

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 119 E. Lombard near Exeter

*Cause of Death,* First, (Primary,) Cancer of the Uterus

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Co.

*Date of Burial,* June 16. 1882

*Undertaker,* M. P. Dwyer

*Place of Business,* 74 S. Broadway

J. Buchanan M. D.,
Medical Attendant.

*Address,* 119 E. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# // Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1882

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Rodolph Diggs

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 18 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 175 North Paca Street

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " " —

*Duration of last Sickness,* About one Month

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* June 17, 1882

*Undertaker,* H. A Dauger

*Place of Business,* 74 S. Broadway

Jno. Lloyd Martin M. D.
Medical Attendant.

*Address,* 38 Mount Vernon Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PAINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57141 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUN 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabella Cullen

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 50 *Years,* ..... *Months,* ..... *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Widowed

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 60 Pierpoint Av.

*Cause of Death,* First, (Primary,) Cancer of the Larynx

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 2 Mos.

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 16, 1882

*Undertaker,* H. A. Dayre

*Place of Business,* 744 S. Broadway

P. L. Griffin M. D.
Medical Attendant.

*Address,* 7 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57442 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Janet Buffham

*Sex,* ~~Male~~ X *Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* Eleven *Months,* 2 days *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} No. 234 E. Hoyette St

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate.) Brain trouble

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial* Mt. Olivet Cem

*Date of Burial,* June 18, 1881

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Broadway

Francis A. Sawer M. D.
Medical Attendant.

*Address,* 105 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

7 57443

# Board of Health, City of Baltimore,

Permit No. 57443

*Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT JUN 1889 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th, 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Sullivan

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Mariner

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give street and number.} 251 E. Madison St.

*Cause of Death,* First, (Primary.) Softening of the Brain

Second, (Immediate.) Paralysis

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem

*Date of Burial,* June 17. 1889

*Undertaker,* H. A. Dayer

*Place of Business,* 74 S. Broadway

John T. Simmons M.D.,
Medical Attendant.

*Address,* 5 W. Colvert & Read

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 17444 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schlutter

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* Four (4) *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} Cor Calvert & Old Frederick Roads

*Cause of Death,* First, (Primary,) Tetanus of Navel from Fever

Second, (Immediate,) Eclampsia

*Duration of Last Sickness,* Four (4) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenslager

*Date of Burial,* June 16th

*Undertaker,* John S. Lewis

*Place of Business,* 66 Frederick

C. Woolbert M. D., Medical Attendant.

Address, Cor Eager & Caroline Sts

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57445 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie E. Gray

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 20 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 2038 S. Broadway

*Cause of death,* First, (Primary,)

Second, (Immediate,) Uraemic Convulsions from Acute nephritis

*Duration of Last Sickness,* Ten days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 18/82

*Undertaker,* Fry & Bro

*Place of Business,* 8 W Broadway

Jno S. Lynch M. D.,
Medical Attendant.

*Address,* 1 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57146 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E Frazer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 43 Bethelst

*Cause of Death,* First, (Primary,) Measles

Second, (Immediate,) Croup

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* June 16th.

*Undertaker,* W H Dempsey

*Place of Business,*

Geo. W. Dawson M. D., Medical Attendant.

*Address,* Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5-74447 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 16th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Hall

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* 4 *Months,* ..... *Days,*

*Color,* Mulatto

*~~Married~~, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 46 Race St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) asthenia

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe Cemetery

*Date of Burial,* June 17, 1882

*Undertaker,* J. Davis

*Place of Business,* 103 Lee st

Wm Gambrill M. D.,
Medical Attendant.

*Address,* 170 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57448 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 16th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie V. Walker

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ..... *Years,* ..... *Months,* 1 1/2 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } 247 Linden Ave.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } 247 Linden Ave.

*Cause of Death,* First, (Primary,) Intestinal Colic.

Second, (Immediate,) .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park

*Date of Burial,* 17th June

*Undertaker,* J. Walker

*Place of Business,* 22 Light St

W. D. Booker, M. D.,
Medical Attendant.

*Address,* 152 Madison St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Special Attention ... is respectfully invited to the ... below, and to List of Diseases on Back of this Certificate.

# 16 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 67419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH ... JUN ... 1882 ... BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Cromwell

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 2 *Years,* ... *Months,* ... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ...

*Occupation,* ...

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 124 Conway St

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number} 126 Conway St

*Cause of Death* {First, (Primary,) Tubercular Meningitis
Second, (Immediate,) Convulsions

*Duration of last Sickness,* ...

**All the above information should be furnished by the Physician.**

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 17 1882

*Undertaker,* H Ross

*Place of Business,* 95 Conway St.

Dr. E. Cromwell M. D.
Medical Attendant.

*Address,* 36 S. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

16

# Board of Health, City of Baltimore,

Permit No. 5'7450

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. JUN 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Flora B. Chaney

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* — *Days.*

*Color,* Colored

*~~Married, Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 220 S Eutaw St —

*Cause of Death,* First, (Primary.) Rachitis

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* June 17

*Undertaker,* Hoss

*Place of Business,* 95 Conway St

H. C. Hengst M.D.,

Medical Attendant.

*Address,* Greene & Mulberry

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57451 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 16 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore Boone

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 18 *Months,* — *Days,*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balti —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 66. Elbow Lane

*Cause of Death,* First, (Primary,) Scrofula

Second, (Immediate,)

*Duration of Last Sickness,* Nr year —

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 18

*Undertaker,* Ross

*Place of Business,* Monument St

Edwd F. Buchholz M. D.,
Medical Attendant.

*Address,* 283. W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57452 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Christiana Tracy

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 50 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* None —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Kings county Ireland

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* { Give street and Number. } 50 Eastern ave

*Cause of Death,* { First, (Primary,) Cancer of the womb

Second, (Immediate,) 6 — & exhaustion

*Duration of Last Sickness,* about one year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* June 17th 1882

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Bway.

G. A. Dohme, M. D., Medical Attendant.

*Address,* 862 Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 67463 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 15. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Clarence McGlaughlin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* 22 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 18 S. Dunn St.

*Cause of Death,* First, (Primary,) Marasmus.

Second, (Immediate,) Collapse

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 18th 1882

*Undertaker,* W. A. Saiger

*Place of Business,* 74 S. Broadway Address, Balto & Ohio L. As.

G. G. Lusk M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5744 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 16th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Brown

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* 5 *Months,* 18 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore since birth

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* { Give street and Number. } 227 William St.

*Cause of Death,* First, (Primary,) Inanition

Second, (Immediate,) Cholera Infantum 24 hrs.

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphons

*Date of Burial,* June 17

*Undertaker,* J. Hall

*Place of Business,* 92 North

Chas. A. Smith M. D. Medical Attendant.

*Address,* 281 S. Charles St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Burial ... Book. 1503

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore, 47

Permit No. 57455 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Schmidt

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} .....

*Age,* — *Years,* — *Months,* 21 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 3 Elizabeth Lane

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Malarial Fever

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial.* June 17

*Undertaker,* B. Harlan

*Place of Business,* 42 West St.

Howard Carter M. D., Medical Attendant.

*Address,* 146 Hanover

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57456 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 16. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia W. D. Mayfort

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 79 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 29 years

*Place of Death,* {Give street and Number.} Point Lane near Eden st.

*Cause of Death,* First, (Primary,) Rheumatism & Old age

Second, (Immediate,)

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial* Balto Cemetery

*Date of Burial,* June 18th

*Undertaker,* Geo Schilling

*Place of Business,* Address, 305 N Caroline St

Geo. A. Harlman M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

11

# Board of Health, City of Baltimore,

Permit No. 57457

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Lively

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Four *Years,* 0 *Months,* 0 *Days.*

*Color,* Light brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Four Years

*Place of Death,* {Give street and number.} No 71 Monroe st

*Cause of Death,* First, (Primary.) Bilious Fever

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 18 82

*Undertaker,* Alex Hunsley

*Place of Business,* 1160 Orchard St

B F Bohn *M.D.,*

Medical Attendant.

*Address,* Cor Dru Hill & Pitt

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...or Burials, to the Office whence issued Saturday of each week. 2742

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

**Permit No.** 57458 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Raymond C. Timanus

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 6 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 197 Penna Ave

*Cause of Death,* First, (Primary,) Infantile Eclamsia

Second, (Immediate,) Spasms

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Balto

*Date of Burial,* June 18

*Undertaker,* F Timanus

*Place of Business,* .....

Geo. H. Oman M. D.,
Medical Attendant.

*Address,* Cor Penna & Lanvale

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after such death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

# Board of Health, City of Baltimore,

Permit No. 57459 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jenie Cross

*Sex, Male or Female,* {Cross out the word not required in this line.} Famale

*Age,* 2 *Years,* 2 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 196 Canton av.

*Cause of Death,* First, (Primary,) Inflamm atory Diarrhoea

Second, (Immediate,) followed by Convulsions.

*Duration of Last Sickness,* Seven Days.

All the above information should be furnished by the Physician.

*Place of Burial,* M. Paul Cem.

*Date of Burial,* June 17 82

*Undertaker,* [illegible]

*Place of Business,* N. Bond st. 151

John H. Kellogen M. D.,
Medical Attendant.

*Address,* 148 Alice Anna st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5774160 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 14/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherin B. Brown

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* white

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,* Seamstress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* 13 yrs

*Place of Death,* {Give street and Number.} 192 S. carolin St.

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of Last Sickness,* 5 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* June 17th

*Undertaker,* Forrest Diffe

*Place of Business,* N. Second St. 151

C. O. Mansfield M. D.,
Medical Attendant.

*Address,* 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 37461 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 16-1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos H Nicholson

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days,*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 457 N Calhoun St

*Cause of Death,* First, (Primary,) Indigestion

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* June 17

*Undertaker,* J E Hoagland & Co

*Place of Business,* 520 Baltimore *Address,* Cor Carey & Fayette Sts

H G Horneck M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 57162 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 16 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bernard Lynch

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and Number.} 416 E. Fayette St

*Cause of Death,* First, (Primary,) Diphtheritic Dysentery

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* one week

All the above Information should be furnished by the Physician.

*Place of Burial,* M. E. Cemetery Third Road

*Date of Burial,* June 18th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 458 Broadway

G. Glanville Rusk M. D.,
Medical Attendant.

*Address,* Balt. & Wash. Rds.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his of her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 5-7463 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Mattam,

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 13 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} S

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 129 Harlem Av.

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Measles,

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* June 18th 1882

*Undertaker,* Denny & Ritchie

*Place of Business,* 65 S Broadway

J. W. Hoeck M. D.,
Medical Attendant.

*Address,* 79 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57464 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 16th 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Holthause

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 5 *Months,* 2 *Days,*

*Color,*

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State on country, and now long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 878 Bond St

*Cause of Death,* First, (Primary,) Teething

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* A few hours

All the above information should be furnished by the Physician.

*Place of Burial.* Baltimore Cemetery

*Date of Burial.* June. 18 1882

Milton N Taylor M. D.
Medical Attendant.

*Undertaker,* John Heneage

*Place of Business,* 382 Orleans St *Address,* Broadway & Mc Elderry

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

# Board of Health, City of Baltimore,

Permit No. 57465 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 17 1882 BALTIMORE

*Date of Death,* June 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Cole

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days,*

*Color,* Colored

*Married,* ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

*Occupation,* Washerwoman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Co.

*Duration of Residence in the City of Baltimore,* 52 years

*Place of Death,* {Give street and Number.} 137 Welcome Alley

*Cause of Death,* First, (Primary,) Heart disease

Second, (Immediate,) Paralysis of Heart

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 17

*Undertaker,* Thos J. Locke

*Place of Business,* 73 Jefferson St

J. H. Hoffman M. D.,
Medical Attendant.

*Address,* 279 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 57466 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} David Kelliher

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* Sixty four *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow~~ or ~~Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Thirty Years

*Place of Death,* {Give street and Number.} # 6 N Amity St.

*Cause of Death,* First, (Primary,) Nephritis

Second, (Immediate,) Suppression

*Duration of Last Sickness,* Five Months

All the above information should be furnished by the Physician.

*Place of Burial* St Peters cemetery

*Date of Burial,* June 17th 1882

*Undertaker,* Jos R Cook

*Place of Business* No 707 W Baltimore Street

G Smithwick M.D.
Medical Attendant.

*Address.* 584 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5746 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JUN 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Swan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 6 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 299 Dunham st

*Cause of death,* First, (Primary,) Convulsions followed by measles,

Second, (Immediate,)

*Duration of Last Sickness,* about 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* June 16 1882.

*Undertaker,* John Herwig

*Place of Business,* 382 Orleans St *Address,* 258 [illegible]

H. H. Warner, M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 57468 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 13. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willi Beal

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* House Servant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give street and Number.} 185 Vine St

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* W. Public Cem'y

*Date of Burial,* June 16 1882

Alexander Tinsley M. D.

Medical Attendant.

*Undertaker,* Fred'k A. Kuchn

*Place of Business,* 508 Carroll Ave Address, Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

# Board of Health, City of Baltimore,

Permit No. 57469

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Thomas Devinney

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* Two *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 2 Court alley

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) Capillary Bronchitis

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Saturday June 17th 82

*Undertaker,* J. H. McElroy Co

*Place of Business,* 22 N. Fayette St *Address,* 58 N. Front St

C. F. Fearner *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57420 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 16 - 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Gassaway

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Forty-two *Years,* Five *Months,* Sixteen *Days,*

*Color,*

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 269 S. Fremont Ave.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Peritonitis

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Met. Olivet Cem

*Date of Burial,* June 18th 1882

*Undertaker,* Wm. J. McElroy

*Place of Business,* ~~Lee Eastern~~ 136 Camden

J. Tyler Smith M. D.,
Medical Attendant.

*Address,* 221 Barre St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of this Certificate.

# 16 Board of Health, City of Baltimore,

Permit No. 57477

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Thorsen

*Sex,* ~~Male~~ *or Female,* {Cross out the words not required in this line.} Female

*Age,* 8 *Years,* 4 *Months,* *Days*

*Color,* White

~~Married~~, *Single,* ~~Widow~~ *Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number.} 195 Barre

*Cause of Death,* First (Primary,) Diphtheria

Second (Immediate,) Pyaemia

*Duration of Last Sickness,* Between 6 & 7 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* June 19th

*Undertaker,* Wm J. Tickner

*Place of Business,* 136 Camden St

W. F. A. Kemp M.D.
Medical Attendant.

*Address,* 53 N Green St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...back of this Certificate.

57472

# Board of Health, City of Baltimore,

Permit No. ..... *Office of Registrar of Vital Statistics.* Ward ..... 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 16 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ethel Mc Adams

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 2 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State on country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* { Give street and Number. } 1210 Gay St

*Cause of Death,* First, (Primary,) Spasms

Second, (Immediate,) Congestion of Lungs

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* June 18 1882

*Undertaker,* James O Byrne

*Place of Business,* No 63 N Green *Address,* .....

Wm Keech M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57213 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Jerochek

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* .... 6 *Months,* ..... 0 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} ~~23~~ 25 S. Ann St.

*Cause of Death,* First, (Primary,) Inflammatory Diarrhoea

Second, (Immediate,) accompanied by Pneumonia.

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alysaeus Cemetery

*Date of Burial,* June 18 1882. John A. Kehberger M. D.,

Medical Attendant.

*Undertaker,* John Kerner

*Place of Business,* 382 Orleans St. *Address,* 243 Alice Anna St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No. 57474 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 17 1882 BALTIMORE

*Date of Death,* June the 17

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Adeline Lee

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 37 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 88 Ladenhall St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 2 days Infantile Convulsions

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Burial

*Date of Burial,* June the 18th

*Undertaker,* H. Ross

*Place of Business,* 95 Conway

Geo. F. Dixon M. D.,
Medical Attendant.

*Address,* Conway & Hunt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

13

# Board of Health, City of Baltimore,

Permit No. 57475

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Perkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* —— *Years,* 4 *Months,* —— *Days.*

*Color,* Colerd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 29 f Raberg st

*Cause of Death,* First, (Primary.) Inanition

Second, (Immediate.) Cyhanche

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp Street

*Date of Burial,* June 17

*Undertaker,* Hinson & Sephus

*Place of Business,* 47 Druid Hill Ave

D. H. Barclay M.D.,
Medical Attendant.
for
Homoeopathic Dispensary
*Address,* 18 N. Howard St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5.7476 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 1 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 1 Yr 2 Mos

*Place of Death,* {Give street and Number.} 1885 E. Monument St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* June 18th 82

*Undertaker,* G. Frank

*Place of Business,* Frank & Wolf *Address,* 24 S. Howard St

W. Battey M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-7477 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 15, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Calnip

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 32 Years

*Place of Death,* {Give street and number.} 34 Fleet Street

*Cause of death,* First, (Primary,) General Debility

Second, (Immediate,)

*Duration of Last Sickness,* 46 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem.

*Date of Burial,* June 18th 82

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Address, 66 E. Baltimore St

Charles H. Thomas M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57478 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr Florance V Parks

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* 2 *Months,* — *Days,*

*Color,* col

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 208 Dover Street

*Cause of Death,* First, (Primary,) Sma 22 Pox

Second, (Immediate,)

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* June 17/82

*Undertaker,* G. A. Kirchner

*Place of Business,* 575 Carroll Av

Geo. W. Brown M. D., Medical Attendant.

*Address,* Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Geo W Brown Attended [OVER.]

5

# Board of Health, City of Baltimore,

Permit No. 57479

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 1882 BALTIMORE

*Date of Death,* June 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Inman Loveday

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days.*

*Colored*

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cigar Maker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Talbot Co Md

*Duration of Residence in the City of Baltimore,* 61 years

*Place of Death,* {Give street and number.} 87 East

*Cause of Death,* First, (Primary.) Chronic Nephritis

Second, (Immediate.) Coma

*Duration of Last Sickness,* 3 Month 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Academy Cemetry

*Date of Burial,* June 19. 1882

*Undertaker,* Wiliam N Dunyee

*Place of Business,* 62 East St

E. C. Baldwin M.D.,
Medical Attendant.

*Address,* 124 n Eutaw

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...spectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57480 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 16 87

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Mason

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 5 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } 252 West St.

*Cause of Death,* { First, (Primary,) Phthisis
Second, (Immediate,) Asthenia

*Duration of Last Sickness,* .....

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 18th 87

*Undertaker,* Geo. W. Perkins

*Place of Business,* 130 Henrietta

C. S. Booze M. D.
Medical Attendant.

Address, 206 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5/4181 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 16, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Williams

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* ... *Months,* ... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* ...

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give street and Number.} 80 Russell St.

*Cause of Death,* First, (Primary,) Typhoid fever

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp st Cemetery

*Date of Burial,* June 18th 82

*Undertaker,* Geo H Baker

*Place of Business,* 130 Henrietta st

C. W. Booze M. D.,
Medical Attendant.

*Address,* 206 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57782 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Black.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 4 *Months,* — *Days,*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 46 Camden St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Enteritis,

*Duration of Last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 17th.

*Undertaker,* F. N. Tovell

*Place of Business,* 131 Hanover St.

F. J. N. Tall. M. D.,
Medical Attendant.

*Address,* 152 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

**Permit No.** 51783 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 16. 82.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hayward

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 1 *Years,* 4 *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 379 West

*Cause of Death,* First, (Primary,) Dysentery

Second, (Immediate,) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* June 18

*Undertaker,* H Ross

*Place of Business,* 75 Conway St

W. S. Bowe M. D.,
Medical Attendant.

Address, 206 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

# 16 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude B Mullin

*Sex, ~~Male or~~ Female,* {Cross out the words not required in this line.} Female

*Age,* ~ *Years,* 6 *Months,* 19 *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give street and number.} 226 Conway St

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Congestion of Brain

*Duration of Last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster Bur

*Date of Burial,* June 17th 1882

*Undertaker,* Wm. J. Vickers

*Place of Business,* 136 Camden St

W. H. Kemp M.D.
Medical Attendant.

*Address,* 55 No. Green St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Permit No. 18 57485

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Jane Rees

*Sex, ~~Male~~ or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* ——— *Months,* ——— *Days.*

*Color,* white

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Calvert County Maryland

*Duration of Residence in the City of Baltimore,* 45 Months

*Place of Death,* {Give street and number.} 2337 Eastern Ave

*Cause of Death,* First, (Primary.) natural old age

Second, (Immediate.) General debility

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Canal Co. Md

*Date of Burial,* June 17th 1882

*Undertaker,* Henry Brile

*Place of Business,* 83 Aisquith St

J. A. Wiley M.D.
Medical Attendant.

*Address,* 158 Eastern Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57186 *Office of Registrar of Vital Statistics.* Ward Second -

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

BOARD OF HEALTH DEPARTMENT JUN 1882

*Date of Death,* June 16th 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lena Smith -

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* Years, three weeks Months, Days,

*Color,* White -

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md -

*Duration of Residence in the City of Baltimore,* Life time -

*Place of Death,* { Give street and Number. } 235 S Durham Street -

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum.

*Duration of Last Sickness,* two days.

All the above information should be furnished by the Physician.

*Place of Burial,* Ev Evangelical M Cem

*Date of Burial,* June 18. 1882

*Undertaker,* H Sanders & Son

*Place of Business,* 252 Eastern Ave

R. L. Dashiell Jr. M. D.,
Medical Attendant.

*Address,* 207 S. Broadway -

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57487 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Berath

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Stone cutter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Italy 11 yrs

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 51 Hanover St

*Cause of Death,* First, (Primary,) Gastro Enteritis } from debilitis
Second, (Immediate,) Asthenia

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* June 18 1882

*Undertaker,* Henry Hoen

*Place of Business,* 309 Eutaw Address,

Dr Shell M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

1

# Board of Health, City of Baltimore,

Permit No. 57488

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Amanda Finlay

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* 2 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 31 Harris alley

*Cause of Death,* First, (Primary.) Catarrh

Second, (Immediate.)

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* June 18 1882

*Undertaker,* Charles A White

*Place of Business,* Granby St 95

E D Hollidaym M.D.,
Medical Attendant.

*Address,* 53 Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Permit No. 17 57189

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 19 1 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A Dierlinger

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* 1 *Months,* 2 *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Artist

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Europe

*Duration of Residence in the City of Baltimore,* 33 Years

*Place of Death,* {Give street and number.} 12 Johnson St

*Cause of Death,* First, (Primary.) Paralysis of 7 Years Standing

Second, (Immediate.) Following Pulmonary Congestion

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Batto Cemetry

*Date of Burial,* June 19th 1882

*Undertaker,* Armstrong & Kenny

*Place of Business,* 265 Light St

H. B. Noble M.D.,
Medical Attendant.

*Address,* 57 Harrison Av

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5744 20 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 17. 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Waldeck

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days,*

*Color,* White,

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth,

*Place of Death,* {Give street and Number.} Chester & Chew Sts.

*Cause of Death,* First, (Primary,) Measles catarrhal

Second, (Immediate,) Catarrhal pneumonia

*Duration of Last Sickness,* Three weeks,

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* June 19 1881

G. G. Rusk M. D.,

Medical Attendant.

*Undertaker,* John Hennessy

*Place of Business,* 382 Aisquith St. *Address,* Balt. & Pratt. Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5

# Board of Health, City of Baltimore,

Permit No. 57491

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

JUN 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis McGlone

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 53 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

*Occupation,* Huckster

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* from boyhood

*Place of Death,* {Give street and number.} 210 N Bond St

*Cause of Death,* First, (Primary.) Carcinoma Facei

Second, (Immediate.) Cancerous Diathesis

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* Bone Hill Cemetery

*Date of Burial,* June 19 1882.

*Undertaker,* John Henning

*Place of Business,* 252 Orleans St

D W Cathell M.D.,
Medical Attendant.

*Address,* 2 N Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57492 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Barton

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* 6 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States. If of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 294 S. Amm St

*Cause of Death,* First, (Primary.) Variola

Second, (Immediate,)

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* June 19th 1882

*Undertaker,* A. Stohler

*Place of Business,* 244 E Lombard

John H Kehlenger M. D.,
Medical Attendant.

*Address,* 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18

# Board of Health, City of Baltimore,

Permit No. 57193

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 17 1899 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Strahler

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* ..... *Months,* 1 hr *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 1/6 Payson St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Premature Birth.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western

*Date of Burial,* June 18

*Undertaker,* J P Caulins

*Place of Business,*

Geo. W. Binns M.D.,
Medical Attendant.

*Address,* Com. & Lewis

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18

# Board of Health, City of Baltimore,

Permit No. 57494

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 18 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Strahler

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* ..... *Months,* 2hrs *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 416 Paysbu St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Premature Birth

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western

*Date of Burial,* June 18

*Undertaker,* J P Paulus

*Place of Business,*

Geo. W. Brown M.D.,
Medical Attendant.

*Address,* Com of Health

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57495 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 17th June 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Adams Jones Mary Adams Jones (mother)

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 2 hours *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} No 1 Woodyear St

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} No 1 Woodyear St

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Premature birth

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Wash. St Cemetery

*Date of Burial,* June 18 1892

*Undertaker,* Alf Hemsley

*Place of Business,* 1160 Eutaw St

J. McN Warner M. D.,
Medical Attendant.

*Address,* Druid Hill & Townsend

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

19

# Board of Health, City of Baltimore,

Permit No. 57496

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1882. 4 A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ezekiel. Green

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 87 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Miller

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland (A. Arundel Co.)

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give street and number.} 32 Stockton Alley

*Cause of Death,* First, (Primary.) Bright's Disease

Second, (Immediate.) Uraemia Poisoning

*Duration of Last Sickness,* Four days - (Mrs. Green says that Mr. Green was called when the man was unconscious from Uraemia)

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Burial Ground

*Date of Burial,* June 18th.

*Undertaker,* Wm H Lungren.

*Place of Business,* 10 & Tretton & Hay

L. L. Sitting M.D.,
Medical Attendant.

*Address,* 467 W. Fayette St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...spection solicited. Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certific...

# Board of Health, City of Baltimore,

Permit No. 57497 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately fil... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soo... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank John Salzigen

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 2 *Years,* 7 *Months,* 21 *Days*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

*Birthplace,* { State or country, and how long in the United States if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } No 109 S. Chapel st

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* June 19

*Undertaker,* Merrill & Boyd

*Place of Business,* 2 Bond St

Thomas P. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

57498

# Board of Health, City of Baltimore,

Permit No. [redacted] *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalie Fischer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 41 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give street and Number.} 16 E. Belvidere Ave

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Dropsy

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul's Cem

*Date of Burial,* June 19 1892

*Undertaker,* Rawe & Bartels

*Place of Business,* 62 N. Gay St

M. [illegible]

Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57499 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Kahler

*Sex,* Male ~~or Female,~~ { Cross out the word not required in this line. }

*Age,* 41 *Years,* 1 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Cigar Maker

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* { Give street and Number. } 167 Sarah Ann St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) ~~Phthisis~~ Phthisis

*Duration of Last Sickness,* 10 months

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cem

*Date of Burial,* June 20/82

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Fremont *Address,* 5 Hanover

H. Thomas M.D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57500 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Hooper

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ..... *Years,* 11 *Months,* 5 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa

*Duration of Residence in the City of Baltimore,* 6 months

*Place of Death,* {Give street and Number.} Randall & Charles sts

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Meningitis

*Duration of Last Sickness,* For 4 days

All the above Information should be furnished by the Physician.

*Place of Burial* Western Cemetery

*Date of Burial,* June 19th 1882

*Undertaker,* John S Meehan

*Place of Business,* No 150 Camden

Jno. A. Smith M. D.
Medical Attendant.

*Address,* 281 St Charles St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3

Permit No. 57501

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph F. Pierson

*Sex, Male or ~~Female,~~* { Cross out the word not required in this line. } Male

*Age,* Two *Years,* ——— *Months,* Twenty Seven *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* Since Births

*Place of Death,* { Give street and number. } # 17 North Carolina St

*Cause of Death,* First, (Primary.) Accidentally swallowed Concentrated Lye

Second, (Immediate.)

*Duration of Last Sickness,* Seventeen hours

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* June 18th 1882

*Undertaker,* Henry W. Mears

*Place of Business,* 415 W Fay St *Address,* 1641 E Balto St

H. E. Sparks M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

for Burial to [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18

# Board of Health, City of Baltimore,

Permit No. 57502

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. JUN 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emeline Mapes

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 72 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 650 Saratoga St

*Cause of Death,* First, (Primary.) Senilis Left Mammary gland

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Greenmount~~ Park Cem.

*Date of Burial,* Tuesday June 20th

*Undertaker,* John F. McCloy old

*Place of Business,* 22 W. Fayette St. *Address,* 431 Lemmon Ave.

J. H. Chrisman M.D.,
Medical Attendant.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# 20 Board of Health, City of Baltimore,

Permit No. 67583

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Ida Heil

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. City Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 572 Penn. Avenue

*Cause of Death* { First, (Primary,) Trismus nascentium
Second, (Immediate,) Asthenia

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* June 19th 82

Maubury Brown M. D.
Medical Attendant.

*Undertaker,* Mrs P. Kümmert

*Place of Business,* 317 Mulberry St *Address,* 68 McCulloh St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 12012

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 27504 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 21 1882 BALTIMORE

*Date of Death,* June 19 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Nolan

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 6 *Years,* 11 *Months,* 26 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } 15 Dennah

*Cause of Death,* First, (Primary,) Congestion of the Brain

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 9 hours

All the above Information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* June 20th 1882

*Undertaker,* Wm H Thatcher

*Place of Business,* No 150 Camden

Thomas Crik M. D., Medical Attendant.

*Address,* 116 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {OVER.}

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

4

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 21 1882 BALTIMORE

*Date of Death,* June 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Kasten

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Shoemaker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany 25 yrs

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 108 E Lombard

*Cause of Death,* First (Primary,) Heart disease

Second (Immediate,) Cholera Morbus 8 hours

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem ? Germany

*Date of Burial,* June 20/82

*Undertaker,* Law & Bartell

*Place of Business,* 62 ½ N. Gall St *Address*

M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1902 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgia Folger

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ... *Years,* 8 *Months,* 6 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 346 N Gilmor St

*Cause of Death* { First, (Primary,) Convulsions

Second, (Immediate,)

*Duration of last Sickness,* about 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* June 29th

Robt K Knox M. D.
Medical Attendant.

*Undertaker,* Martin Fahey

*Place of Business,* No 128 Fawn Street Address, 534 W Fayette St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

11

# Board of Health, City of Baltimore,

Permit No. 57507

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Whitfield

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Store keeper.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany Forty years

*Duration of Residence in the City of Baltimore,* 42 Years.

*Place of Death,* {Give street and number.} Marcomed Medical Colleges

*Cause of Death,* First, (Primary.) Cancer of Rectum

Second, (Immediate.) General Weakness

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom Cemetery

*Date of Burial,* June 19th 1882

*Undertaker,* Wm. Eilau

*Place of Business,* 184 Gough St

Henry Smith M.D.,
Medical Attendant.

*Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57588 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Margret Giddings

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* Two *Years,* ——— *Months,* ——— *Days.*

*Color,* Brown

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Two years

*Place of Death,* {Give street and number.} 29 Chestnut al.

*Cause of death,* First, (Primary,) Diptheria

Second, (Immediate,) Prostration

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial* Sharp St Cemetery

*Date of Burial* June 19th 1882

*Undertaker* Wm J Gray

*Place of Business,* 65 Mulberry

F. B. Gardner M. D.,
Medical Attendant.

*Address,* 120 N. Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

# Board of Health, City of Baltimore,

Permit No. 57509

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 21 1882 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* June 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Virginia Wagner

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 32 *Years,* 3 *Months,* 16 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Housekeeping

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} Division 442

*Cause of Death,* First, (Primary.) Cancer of Womb

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* 16 months

All the above information should be furnished by the Physician.

*Place of Burial,* West Minister Carroll County Md

*Date of Burial,* June 20

Chas E Sadtler M.D.,
Medical Attendant.

*Undertaker,* Walter Immel

*Place of Business,* 315 West Baltimore *Address,* 566 Druid Hill Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

2697

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57570 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Ebner

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } Female

*Age,* 76 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. } Married

*Occupation,* Shoemaker

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* { Give street and Number. } 12 Brown's Lane

*Cause of Death,* First, (Primary,) Phthisis pulm.

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 20th 9 A M

*Undertaker,* John Powless

*Place of Business,* Frederick Ave

Wm Goubel, M. D.,
Medical Attendant.

*Address,* 170 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules Printed on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57511 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Murphy

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* white

*Married,* ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 2 yrs.

*Place of Death,* {Give street and Number.} 33 Luzerne st.

*Cause of Death,* First, (Primary,) Congestion chill

Second, (Immediate,)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Holy Cross

*Date of Burial,* June 20th

*Undertaker,* M. Carter & Son

*Place of Business,* 92 E. Pratt

R. W. Mansfield M.D.
Medical Attendant.

*Address,* 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

15

# Board of Health, City of Baltimore,

Permit No. 5756 12

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN. 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlie Laws

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* — *Months,* — *Days.*

*Color,* Col

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 152 York St

*Cause of Death,* First, (Primary.) Small Pox

Second, (Immediate.)

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* June 18/82

*Undertaker,* F. A. Kirchner

*Place of Business,* 60 S. Carrollton Ave

Geo. W. Dixon M.D.,
Medical Attendant.

*Address,* 100 S. Exeter St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Boone Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57513

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Carroll Ryan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 7 *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 250 Stanford Avenue

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate.)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cemetery

*Date of Burial,* June 19th 82

*Undertaker,* D. P. Byrne

*Place of Business,* 60 N. Front St

E. G. Waters *M.D.,*
Medical Attendant.

*Address,* 51 N. Calvert St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Neal.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 79 *Years,* *Months,* *Days.*

*Color,* Black

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Five Years.

*Place of Death,* {Give street and number} #40 Marion St.

*Cause of Death,* First, (Primary.) Organic disease of heart.

Second, (Immediate.) General Anasarca.

*Duration of last Sickness,* Two Years.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 19 1882

James F. Brown M. D.
Medical Attendant.

*Undertaker,* Wm Winddon

*Place of Business,* 40 East Pr

*Address,* #110 N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below when Filling out this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57516 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

*Date of Death,* June 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ivo Henry Cherry

*Sex, Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 3 *Years,* — *Months,* *Days.*

*Color,* W

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 41 Perry St

*Cause of death,* First, (Primary,) Phthisis Pul

Second, (Immediate,) Anemia

*Duration of Last Sickness,* Five months

All the above information should be furnished by the Physician.

*Place of Burial,* W Public

*Date of Burial,* June 19

*Undertaker,* F A Kirchner

*Place of Business,* —

E B Britton M. D.,

Medical Attendant.

*Address,* Home for Incurables

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

10

# Board of Health, City of Baltimore,

Permit No. 57516

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Dreisch

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Milliner

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number.} 201 Mulberry St.

*Cause of Death,* First, (Primary.) Phthisis,

Second, (Immediate.) Phthisis,

*Duration of Last Sickness,* Over a Year.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* June 20th 1882

W. P. Morgan M.D.,
Medical Attendant.

*Undertaker,* A. Rosenberger

*Place of Business,* 70 Mulberry St. *Address,* 119 W Monument St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5775-17 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Green

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 3 *Years,* 11 *Months,* 28 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* { Give street and Number. } 252 Hanover St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial.* Western Cemetery

*Date of Burial.* June 19

*Undertaker,* B. Hall

*Place of Business,* 82 West Pr. *Address,* 116 Hanover St

Thos. Opie M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 12 57516

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 19 1902 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Parker.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 7 hrs *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number,} 8 upton st.

*Cause of Death,* First, (Primary.) .....

Second, (Immediate.) Premature Birth.

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Ft Publics Cem

*Date of Burial,* June 19th.

*Undertaker,* F A Kerchner

*Place of Business,* .....

Geo. W. Tyson M.D.,
Medical Attendant.

*Address,* Com of Health

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] invited to the [illegible] Below, and [illegible] ses on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5-775-19 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18-1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} w/ Thomas L. Boerne

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 5 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* none

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 382 E. Chase St.

*Cause of Death,* First. (Primary.) Entero-Colitis

Second. (Immediate.) Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Dels Cemy

*Date of Burial,* June 19

*Undertaker,* H Hues 2d

*Place of Business.*

Geo F. Taylor M. D.,
Medical Attendant.

*Address,* 222 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

16

Permit No. 5752

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Brooks

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 242 Lee St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Hemorrhage

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* June 19th 1882

*Undertaker,* Cox & Cook

*Place of Business,* No 707 W Baltimore Street

W. E. Waugh M.D.,

Medical Attendant.

*Address,* [illegible]

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 57521 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann C. Harvey

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 68 years

*Place of Death,* {Give street and number.} 195 N. Lombard

*Cause of death,* First, (Primary,) Paralysis of Left side

Second, (Immediate,)

*Duration of Last Sickness,* 8 years 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* June 19th 1882

*Undertaker,* Jos. B. Cook

*Place of Business.* No 707 N. Baltimore Street

Jno. H. Holyday M. D., Medical Attendant.

*Address,* Carroll P.O.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6

# Board of Health, City of Baltimore,

Permit No. 57522

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

*Date of Death,* June 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Brooks

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days.*

*Color,* Colored

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Dorchester Co, Md,

*Duration of Residence in the City of Baltimore,* Forty Five years

*Place of Death,* {Give street and number.} * 56 Jefferson Street

*Cause of Death,* First, (Primary.) Bright's Disease of Kidneys.

Second, (Immediate.) Coma

*Duration of Last Sickness,* Five years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* June 19th 1882

*Undertaker,* Theo J Locks

*Place of Business,* #76 Jefferson St

Saml E. Cowell, *M.D.,*
Medical Attendant.

*Address,* 1029 Fisguitt St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians [illegible]

# Board of Health, City of Baltimore,

Permit No. 5/5/23 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Emma ~~Hinch~~ Moehenrich

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 10 N. Peter St.

*Cause of death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,)

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 21

*Undertaker,* Ernst Schloman

*Place of Business,* 200 Sharp.

A Kinney M. D.,
Medical Attendant.

*Address,* 26 S Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The [illegible]

# Board of Health, City of Baltimore,

Permit No. 57524 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dorsey

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* ——— *Months,* ——— *Days.*

*Color,* Black

*Married,* ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and Number.} 17 East St

*Cause of Death,* First, (Primary,) [illegible]

Second, (Immediate,) Albuminuria

*Duration of Last Sickness,* 6 Mos

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park

*Date of Burial,* June 19th 1892

*Undertaker,* Jno. H. Chase

*Place of Business,* 113 S. Howard St

Silas C. Hunter M. D.,
Medical Attendant.

*Address,* 36 Fremont Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-7525 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18: 2.45 P. M. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. H. Janney

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Clerk

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia Pa.

*Duration of Residence in the City of Baltimore,* 4 Years

*Place of Death,* {Give street and Number.} 338 E. Pratt St.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,* Since Sunday June 13: 1882

All the above information should be furnished by the Physician.

*Place of Burial,* Philadelphia Pa

*Date of Burial,* June 20, 1882

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

James E. Monelle M. D.,
Medical Attendant.

Address, 1916 Bolt. St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special ...

# Board of Health, City of Baltimore,

Permit No. 57326 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Baker

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* — *Months,* — *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Delaware

*Duration of Residence in the City of Baltimore,* all & Years

*Place of Death,* {Give street and Number.} West foot of Chester Street

*Cause of Death,* First, (Primary,) Accidentally Drowned.

Second, (Immediate,) 3

*Duration of Last Sickness,* Was Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick Cem

*Date of Burial,* June 20, 1882

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Broadway

Chas. H. Mayfield M. D., Coroner & Medical Attendant.

*Address,* 69 E. Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

# Board of Health, City of Baltimore,

Permit No. 57527 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Francis Knights

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 4 *Months,* 13 *Days,*

*Color,*

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 410 E. Madison St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* June 18th 1882

*Undertaker,* Wm. Hickman

*Place of Business,* 234 N. Gay St.

J. W. Hook M. D., Medical Attendant.

*Address,* 75 E. Balto. St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Sp...

# Board of Health, City of Baltimore,

Permit No. 57328 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18 ~ 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. H. Koch.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ *Months,* one *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 88 E. Green

*Cause of death,* First, (Primary,) Premature Birth

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* June 19 1882

*Undertaker,* C. F. Kinsey

*Place of Business,* 201 Penna Ave

Louis E. Horn M. D.,
Medical Attendant.

*Address,* 226 South Exeter

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

14

# Board of Health, City of Baltimore,

Permit No. 57529

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 17. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Adam

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* five *Months,* ——— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 55 Stockton Alley

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) & Brain Fever

*Duration of Last Sickness,* Made at the Infirmary

All the above information should be furnished by the Physician.

*Place of Burial,* Thorpe St Cemetery

*Date of Burial* June 19 1882

*Undertaker,* Wilson Monroe

*Place of Business,* No 62 East Street

J C Simms M.D.,
Medical Attendant.

*Address,* 41 N Caroline

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Specia

# 13 Board of Health, City of Baltimore,

Permit No. 5-71-30

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* ~~May~~ June 18

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Howe

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* 5 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 140 Stevenson Ln

*Cause of Death* {First, (Primary,) Intracerebral Meningitis

{Second, (Immediate,)

*Duration of last Sickness,* about 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Hope Cemetery

*Date of Burial,* June 19 1882

*Undertaker,* Wilson Nburge

*Place of Business,* No 625 W Baltst

Robt K. Kuras M. D.
Medical Attendant.

*Address,* 834 W Hoyt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Spec...

# Board of Health, City of Baltimore,

Permit No. 57531 *Office of Registrar of Vital Statistics.* Ward 17

HEALTH DEPARTMENT JUN 17 1882 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Roesch

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 8 *Months,* 3 *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 384 S. Charles St.

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) ~~Blood poisoning~~ Asphyxia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 20th

*Undertaker,* H. Brice

*Place of Business,* Hanover St. 81

Wm Gombel M. D.,
Medical Attendant.

*Address,* 170 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The

# Board of Health, City of Baltimore,

Permit No. 57532

*Office of Registrar of Vital Statistics,*

HEALTH DEPARTMENT JUN 19 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Hayslett

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 9 Port St.

*Cause of Death,* First, (Primary.) Cholera Infantum.

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* June 19th 82

*Undertaker,* C. Franck

*Place of Business,* Franck & Wolf

*Address,* 122, Park Av.

Sam'l Geo. Shadle M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Speci...

# Board of Health, City of Baltimore.

Permit No. 57933 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 17 th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew F Schroeder

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days.*

*Color,*

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Director Insurance Company

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 121 S. Washington St

*Cause of Death,* First, (Primary,) Unknown

Second, (Immediate,) Brights disease of the Kidneys

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* June 20th 82

*Undertaker,* S. Franc

*Place of Business,* Davis & Mc Address, Broadway & Mc, Eldorado St

Milton N. Taylor M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special ...

# Board of Health, City of Baltimore,

Permit No. 57537 *Office of Registrar of Vital Statistics.* Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Poole.

*Sex, Male or Female,* {Cross out the word not required in this line.} F.

*Age,* 57 *Years,* 4 *Months,* 4 *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 57 yrs.

*Place of Death,* {Give street and Number.} 42 Chew St

*Cause of Death,* First, (Primary.) Neurasthenia,

Second, (Immediate,) Bronchitis & Diarrhoea

*Duration of Last Sickness,* 2 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* June 20th 1882

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

H. T. Reynolds M. D.,
Medical Attendant.

*Address,* 186 Asquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Spec... 8733

# Board of Health, City of Baltimore.

Permit No. 57536 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Stanton

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* Lifetime,

*Place of Death,* {Give street and number.} 11 Dover St.

*Cause of death,* First, (Primary,) Tuberculosis

Second, (Immediate,)

*Duration of Last Sickness,* Sick from birth

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp Street

*Date of Burial,* June 20

*Undertaker,* Hercules Ross

*Place of Business,* 95 Bond St.

J. H. Wiley, M. D.,
Medical Attendant.

*Address,* Southern Dispensary

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Specia...

# Board of Health, City of Baltimore, 19

Permit No. 57336 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June, 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mora Schmidt

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Child

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Russia

*Duration of Residence in the City of Baltimore,* 19 days

*Place of Death,* {Give street and Number.} 25 h Frederick St

*Cause of Death,* First, (Primary,) Measles

Second, (Immediate,) Broncho Pneumonia

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom Cemetery

*Date of Burial,* June 20th 1882

*Undertaker,* Wm. Eilau

*Place of Business,* 101 Gough St

A Joseph Shentzer M. D.,
Medical Attendant.

*Address,* 11 S. High St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Spec...

# Board of Health, City of Baltimore, 18

Permit No. 37737 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Rauch

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 21 *Years,* ..... *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* cooper

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 19 months

*Place of Death,* { Give street and Number. } .....

*Cause of Death,* { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) one year

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* June 21st 1882

*Undertaker,* John L Hartman

*Place of Business,* No 160 Eastern Ave

Jno. D. Heke M.D., Medical Attendant.

*Address,* 169 Aliceanna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Speci...

# Board of Health, City of Baltimore,

Permit No. 57538 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1882 REC'D

*Date of Death,* June 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Schwartz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 23 *Years,* 7 *Months,* 17 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Lithographer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 208 Canton ave

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,) Asthenia

*Duration of Last-Sickness,* About 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Paulus Cem't

*Date of Burial,* June 20 1882

*Undertaker,* Julius Haack

*Place of Business,* 240 E Bond St

Jas E Gibbons M. D.
Medical Attendant.

*Address,* 47 Edmondson ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The S...

# Board of Health, City of Baltimore,

Permit No. 57539 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th '92

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edd D. Collins

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~ Male

*Age,* ..... *Years,* 11 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} 443 Franklin St

*Cause of death,* First, (Primary,) Intermittent Fever

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 4 or 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 20

*Undertaker,* P Kennedy

*Place of Business,* Mulberry & S

H. F. Hill M. D.,
Medical Attendant.

*Address,* 443 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Speci

# Board of Health, City of Baltimore, 1884

Permit No. 57540 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1884 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 19

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sudbrok

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days,*

*Color,* W

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md City

*Duration of Residence in the City of Baltimore,* 8

*Place of Death,* {Give street and Number.} 146 Light St.

*Cause of Death,* First, (Primary,) Gastro-enteritis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* June 20-1884

*Undertaker,* A. Krause

*Place of Business,* Hanover nr Pratt *Address,* 613 Light St

R. H. P. Ellis *M. D.,* Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The B[illegible]

# Board of Health, City of Baltimore,

Permit No. 5755/11 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th; 5:40 P. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Cole.

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 68 *Years,* 11 *Months,* 15 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 years.

*Place of Death,* {Give street and number.} # 88 S. Bremen st.

*Cause of death,* First, (Primary,) Cholera-Morbus

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 21st 1882

*Undertaker,* Geo Steinbach

*Place of Business,* 389 W. Baltimore.

[illegible] M. D.,

Medical Attendant.

*Address,* N.E. Cor. Columbia and Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 57542

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Libertius Gondolfo Kerson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 2 *Months,* *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 118 Eutaw St- Balto.-

*Cause of Death,* First, (Primary.) Diptheria.-

Second, (Immediate.) Paralysis of Heart-

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* June 19 1882

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Hanover St *Address,*

Alan P. Smith M.D.,
Medical Attendant.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special

# Board of Health, City of Baltimore,

Permit No. 17543 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 19

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leonard Bi Combs

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* 2 *Days,*

*Color,* C

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } B. City

*Duration of Residence in the City of Baltimore,* 2 days

*Place of Death,* { Give street and Number. } 714 S. Charles St.

*Cause of Death,* First, (Primary,) Premature birth

Second, (Immediate,) Inanition

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* June 20th 82

*Undertaker,* C. F. Krauel

*Place of Business,*

R. H. Ellis M. D.,

Medical Attendant

*Address,* 316 W. Pratt St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special

# 16 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 5-75-44

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Hechinger.

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Eighty-three *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} * 76 Columbia ave

*Cause of Death* First, (Primary,) Senility

Second, (Immediate,) .....

*Duration of last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom cemetery

*Date of Burial,* June 20th 1882

Jos. E. Blazett M. D.
Medical Attendant.

*Undertaker,* Jos B Cook

*Place of Business,* No 707 N Baltimore street *Address,* 36 S Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Sp...

...Board of Health, City of Baltimore,

Permit No. 57616 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernst Wolf

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~—~~

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 12 days

*Place of Death,* {Give street and Number.} 120 Ray St.

*Cause of Death,* First, (Primary,) Gastritis

Second, (Immediate,)

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* June 20th 1882

A. L. Buddington M. D.,

Medical Attendant.

*Undertaker,* Charles Koehler

*Place of Business,* Cor Sharp & Cross St. *Address,* 166 S. Paca St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57576

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. JUN 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Shipers

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Washing

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Prince Georges

*Duration of Residence in the City of Baltimore,* Ten Years

*Place of Death,* {Give street and number.} Raymond Alley Between Bentalou & Fulton

*Cause of Death,* First, (Primary.) Cerebral Disease

Second, (Immediate.) —

*Duration of Last Sickness,* Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 20 1882

*Undertaker,* Theodore J Coates

*Place of Business,* 73 Jefferson St

× Geo. S. Emerson, M.D., Medical Attendant.

*Address,* 73 E Pratt St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

20

# Board of Health, City of Baltimore,

Permit No. 57547

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. JUN 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Gillings

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months,* — *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* Natives

*Place of Death,* {Give street and number.} 29 Chestnut Alley

*Cause of Death,* First, (Primary.) Diph Thro'tic Croup

Second, (Immediate.)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shaw St

*Date of Burial,* June 20-1882

*Undertaker,* Coury Gray

*Place of Business,* 65 Pratt Street

M Antonin M.D.,
Medical Attendant.

*Address,* 172 Franklin

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The [illegible]

# Board of Health, City of Baltimore,

Permit No. 57548

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th, 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Eyz.

~~Sex~~, *Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* 6 *Months,* 13 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 91 Cathedral St.

*Cause of Death,* First, (Primary.) Measles

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Luthern Cemetery

*Date of Burial,* June 21 1882

*Undertaker,* John Hennessy

*Place of Business,* 352 Orleans St

Sh. Gr. T. Franklin M.D.,
Medical Attendant.

*Address,* 128 Park Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Specia...

Board of Health, City of Baltimore, 15

Permit No. 57649 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 18

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Lithsberg

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} .....

*Age,* 1 *Years,* ..... *Months,* ..... *Days,*

*Color,* Blk

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* 1 yr

*Place of Death,* {Give street and Number.} 6 Hardens Ct.

*Cause of Death,* First, (Primary,) Gastroenteritis

Second, (Immediate,) Nervous Exhaustion

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* June the 20 1892

R. H. Ellis M. D.,

Medical Attendant.

*Undertaker,* Geo W Stinger & Co

*Place of Business,* 120 Granville St Address, 516 Dallas

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 57550

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 17 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jonathan S. Biddle

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} M

*Age,* 57 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 46 years

*Place of Death,* {Give street and number} 454 Broadway

*Cause of Death* First, (Primary,) Cancer of Stomach

Second, (Immediate,) Bronchial Consumption

*Duration of last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* June 21st 1882

Thomas Shearer M. D.
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway *Address,* 97 N Charles St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

**Permit No.** 57565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida. E. Cook.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give street and number.} 22 S. Washington Av

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) Exaustion

*Duration of Last Sickness,* Ten. days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* June 21st 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

Geo W Barkman M.D.,
Medical Attendant.

*Address,* 1 Fairmount Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 57562

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 20 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* May 19 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Custard

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Sailor

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Eastern Shore, Va.

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number.} 32 Dover St

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 20

*Undertaker,* A Ross

*Place of Business,* 95 Bonaparte St

Chas F. Heuer M.D.,
Medical Attendant.

*Address,* Nr 6 & Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Specia...

# Board of Health, City of Baltimore,

Permit No. 57553 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } William Murray

*Sex, Male ~~or Female,~~* { Cross out the word not required in this line. }

*Age,* 21 *Years,* *Months,* *Days,*

*Color,* Puget

*Married, Single, ~~Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,* Servant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* { Give street and Number. } University Hospital

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cem.

*Date of Burial,* June 19/82

*Undertaker,* Fred. A. Kirchner

*Place of Business,* 50 S. Carrollton Ave

Gwest M. D.,

Medical Attendant.,

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 67554

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 20 21 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Turner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Eight *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 25 Whatcoat St

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.)

*Duration of Last Sickness,* About One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpsburg Cemetery

*Date of Burial,* June 20 1882

*Undertaker,* Wilbur N Berger

*Place of Business,*

Gilbert Hall *M.D.,*
Medical Attendant.

*Address,* 317 Mosher St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Specia

# Board of Health, City of Baltimore,

Permit No. 57556 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 20. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno D. Mathews

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Huckster

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Not Known

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,) Suicide by

Second, (Immediate,) Laudanum

*Duration of Last Sickness,* 12 hours

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 21st 1882

*Undertaker,* Wm Keyser.

*Place of Business,* 202 N. Eutaw St

Alex Tuley M. D.,

Medical Attendant.

Address, Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

In

# Board of Health, City of Baltimore.

Permit No. 57556

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Heckman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 6 Bradford Alley

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Spasms

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* June 20

*Undertaker,* Sander & Son

*Place of Business,*

Geo. W. Dawson M.D.,
Medical Attendant.

*Address,* Cor of Read

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Henry E. Hooper
Sanitary inspector

[OVER.]

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

Permit No. 57557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 20 C1 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 71 *Years,* ..... *Months,* ..... *Days.*

*Color,* Dark brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ellicotts Mills

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} No 4 Penna Ave

*Cause of Death,* First, (Primary.) old age

Second, (Immediate.) Paralysis

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Shanfarlenerty

*Date of Burial,* June 20 1882

*Undertaker,* Alf Hemsley

*Place of Business,* 116 Calhoun St

F. F. Jackson *M.D.,*

Medical Attendant.

*Address,* Cor Druid Hill Ave

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The [illegible]

Permit No. 57558 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gray Jean Edmonds

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 16 *Days.*

*Color,* White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} U. S. Hood year & 6

*Duration of Residence in the City of Baltimore,* During life.

*Place of Death,* {Give street and number.} as above.

*Cause of death,* First, (Primary,) Cyanosis.

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* During life

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 21st 82

*Undertaker,* Wm. Beaver.

*Place of Business,* 202 N. Eutaw St. *Address,* 520 Penna Ave

J. Richter. *M. D.,*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5759 *Office of Registrar of Vital Statistics.* Ward 10.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 21 1882
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Twamley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 10 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State of country, and now long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 24 Scott St

*Cause of Death,* First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Inherited from mother who died

*Duration of Last Sickness,* about five weeks ago —

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* June 21/82

*Undertaker,* J. B. Cook

*Place of Business,* Wilk St.

Edwd. F. Michaelsand M. D.,
Medical Attendant.

*Address,* 283 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57560 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUN 21 1882 BALTIMORE, MD.

*Date of Death,* June 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Frasher

*Sex,* Male ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 65 *Years,* 9 *Months,* *Days.*

*Color,* white

~~Married, Single, Widow or~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 15 years.

*Place of Death,* {Give street and Number.} 43 Lemmon St

*Cause of Death,* First, (Primary,) Scorbutus.

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenlc Cemetery

*Date of Burial,* June 21 1882

*Undertaker,* John Hennessy

*Place of Business,* 382 Orleans St. *Address,* 95 Park Ave.

A. H. Erick M.D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 5756 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 21 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 19th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Welch

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 36 years

*Place of Death,* {Give street and Number.} No 280 Front

*Cause of Death,* First, (Primary.) .....

Second, (Immediate,) Bilious Pneumonia

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial* St Patrick Cemetery

*Date of Burial,* June 21 1882

*Undertaker,* Jas P Byrne

*Place of Business,* Front st Address. 348 Fleet

[illegible] M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 57562 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 20th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lebski

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 6 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 62 Thames St.

*Cause of Death,* First, (Primary,) Inflammatory Diarrhoea

Second, (Immediate,)

*Duration of Last Sickness,* Two days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Michaels Cemetery

*Date of Burial,* June 21st 1882

*Undertaker,* J. C. Schutt

*Place of Business,* 261 Aliceanna St.

John H. Kehberger M. D., Medical Attendant.

Address, # 243 Aliceanna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore

Permit No. 57563

*Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT
JUN 21 1882
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* June 20 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arlitke. G. Rush

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 5 *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Born Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 69 Hilliard St

*Cause of Death,* First, (Primary.) Dentition & Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 22 1882

H B Stoble M.D.,
Medical Attendant.

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light St *Address,* 50 Warren av

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57564

*Office of Registrar of Vital Statistics.*

JUN 21 1882
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* 19th June 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Pope Wyatt

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years~~ 6 *Months,* 26 *Days.*

*Color,* White

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give street and number.} # 178 S. Paca St.

*Cause of Death,* First, (Primary.) Hereditary

Second, (Immediate.) Infantile Convulsions

*Duration of Last Sickness,* Whole life

All the above information should be furnished by the Physician.

*Place of Burial,* Lorraine Cem. Co.

*Date of Burial,* 21st June

*Undertaker,* ~~H.~~ S. Macaber

*Place of Business,* Paca & Camden

F. C. Smith, *M.D.,*
Medical Attendant.

*Address,* 178 S. Paca

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2703 Frances

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Jun 20th 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Estelle Smith

*Sex, ~~Male or~~ Female,* { cross out the word not required in this line. }

*Age,* 6 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } 2 Cottenden avenue

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 2 Cottenden avenue

*Cause of Death* { First, (Primary,) Scarlet fever / Second, (Immediate,) Eclampsia

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 21st 1882

W. Abbes M. D.
Medical Attendant.

*Undertaker,* John S Mackey

*Place of Business,* Paca & Camden *Address,* 95 S. Sharp St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GUILANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 57566 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 20 - 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Frederick Otto

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* — *Years,* 14 *Months,* — *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } McHenry St - near Bentalou St (no number)

*Cause of death,* First, (Primary,) Entero-colitis and ileus —

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 17 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* June 22' 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St

C. C. McDowell M. D.,
Medical Attendant.

*Address,* 642 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57567 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 21 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs B Carroll

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 74 *Years,* 4 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower.* { Cross out the word not required in this line. } Widowed

*Occupation,* Merchant Tailoress

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* 2

*Place of Death,* { Give street and Number. } 542 Cross St

*Cause of Death,* First, (Primary,) Cedema

Second, (Immediate,) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Elkridge Landing Md

*Date of Burial,* June 21st 1882

*Undertaker,* J B Cook

*Place of Business,* 707 W. Balto St *Address,* 168 N Paca St

{ Wm D Blake M. D., Medical Attendant. }

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5 7 5 6 8 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 21 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael McDonnell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland - 17 Yrs in U.S.

*Duration of Residence in the City of Baltimore,* 17 Yrs

*Place of Death,* {Give street and Number.} City Hospital.

*Cause of Death,* First, (Primary,) Compd. Fract. of Femur with Traumatic Delirium. Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 22nd

*Undertaker,* M. Clarke & Son

*Place of Business,* 92 S. Ann St

J. Fiser Monroe M.D.,
Medical Attendant.

*Address,* City Hospital.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57567 Office of Registrar of Vital Statistics

The Physician who attended any person in x last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57567

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUN 21 1882 BALTIMORE, MD.

*Date of Death,* June 19/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Meyers

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* 8 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 143 S. Register

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial* Mount Carmel Cemetery

*Date of Burial,* June 25th 1882

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Aliceanna

R. W. Manfield M. D.,
Medical Attendant.

*Address,* 162 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 3,876 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 21 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 20. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizina Gooden

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~Years~~, —— 7 *Months,* —— *Days.*

*Color,* ~~col~~

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 26 Morris al

*Cause of Death,* First, (Primary,) Meningetis

Second, (Immediate,) "

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cem

*Date of Burial,* June 21th 1882

*Undertaker,* Chas J Scriven

*Place of Business,* 271 N Eutaw St

J B B Browne M. D.
Medical Attendant.

*Address,* 307 Madison Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Permit No. 57.571

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 20. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph R Perry

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 5 *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None,

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City,

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} N. 3 Point Lane,

*Cause of Death,* First, (Primary.) Mitral Regurgitation, (follows) Rheum

Second, (Immediate.) Exhaustion of the heart,

*Duration of Last Sickness,* Two Years.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemy

*Date of Burial,* June 21/82

*Undertaker,* Fry & Ltd

*Place of Business,* 21 & 23 Broadway

J. W. Chambers M.D.,
Medical Attendant.

*Address,* 133 N Eutaw St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 20 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jesse Slingluff Sr

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* — *Months,* — *Days.*

*Color,* white ~~Sex,~~

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} Patterson & Argyle Ave

*Cause of Death,* First (Primary,) Fatty degeneration of Heart

Second (Immediate,) Syncope.

*Duration of Last Sickness,* a few days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 22nd June 1882

J. R. Page M. D.
Medical Attendant.

*Undertaker,* H. W. Jenkins & Son *Address* 220 Linden Ave.

*Place of Business,* 75 N. Charles St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 5773 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Harriet Bornheim

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* — *Years,* 3 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} New St No 60

*Cause of death,* First, (Primary,) Cholera infantum

Second, (Immediate,) Weakness

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* St Matthews B. Ground

*Date of Burial,* June 22d 1882

*Undertaker,* Ph. Seuald

*Place of Business,* No 63 S Eutaw St Address, 224 W Fayette St

L. E. Reinhardt M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57574 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57574 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 21-1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Meyer

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* 3 *Months,* 27 *Days.*

*Color,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* a life-time

*Place of Death,* {Give street and number.} 249 Hoffman St

*Cause of death,* First, (Primary,) Sub-acute Basilar-meningitis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* (In bed) about 10 ds—

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount—

*Date of Burial,* June 23d 1882

{*Undertaker,* Henry W. Mears

{*Place of Business,* 45 N Gay St

C. C. McDowell M. D.,
Medical Attendant.

*Address,* 642 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUN 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Giffin Harmon.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* *Years,* 1 1/4 *Months,* (5 months) *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 424 N Carey St.

*Cause of Death,* First (Primary,) Infantile Diarrhoea.
Second (Immediate,) Convulsions.

*Duration of Last Sickness,* 5 Days —

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery.

*Date of Burial,* June 23

C. F. Brune, M. D.
Medical Attendant.

*Undertaker,* J E Haigh

*Place of Business,* 327 Pennsylvania. *Address* Druid Hill Ave and Lanvale St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 37576

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* June 22d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter E Books

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 534 Hanford Ave

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Methodist Cemetery Philadelphia Road

*Date of Burial,* June 23d

*Undertaker,* Geo. Schilling

*Place of Business,*

M. B Billingslea M.D.,
Medical Attendant.

*Address,* 256 E John st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5 7 5 7 7 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57577

# CERTIFICATE OF DEATH.

*Date of Death,* June 20th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Jenkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Policeman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} 2795 Chauncey

*Cause of death,* First, (Primary,) Apoplexy

Second, (Immediate,)

*Duration of Last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* June 22/82

*Undertaker* Gunsting & Denny

*Place of Business,* 263 Light St

A. C. Burch M. D.,
Medical Attendant.

*Address,* 151 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57578

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JULY 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 20th June 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. J. Williams

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 64 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, ~~Single, Widow~~ or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Barber

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Port Royal Virginia

*Duration of Residence in the City of Baltimore,* 60. Years

*Place of Death,* {Give street and number.} 205. Hamburg St.

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate.) Exhaustion et Asphyxia

*Duration of Last Sickness,* 7 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 22

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

L. A. Dyer M.D.,

Medical Attendant.

*Address,* 146. Hill St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5-7579 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 21- 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Bartholomay

~~Sex,~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

*Age,* 5 Months 5 Days ~~Years,~~ 5 *Months,* 5 *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Child

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 160 S. Eden St.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 160 S. Eden St.

*Cause of Death,* First, (Primary,) Dry Nursing-

Second, (Immediate,) Diarhea

*Duration of Last Sickness,* Six days.

All the above Information should be furnished by the Physician.

*Place of Burial,* St Paul's Cem.

*Date of Burial.* June 22nd 1882

*Undertaker,* Marshall Frank } Asst Lieut Surgeon U.S.A., M. D., Medical Attendant.

*Place of Business* 32 35 Barre St *Address,* 94 S. Broadway City

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married, single or widow) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57580 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

*57580

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 21. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Sophia Maria Lidey

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* 8 *Months,* 15 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City -

*Duration of Residence in the City of Baltimore,* During life -

*Place of Death,* {Give street and number.} 17 Fraley Alley

*Cause of death,* First, (Primary,) Puerperal Septicaemia -

Second, (Immediate,) Exhaustion -

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 23.

*Undertaker,* Walter Emmert

*Place of Business,* 315 West Biddle St *Address,* 520 Penna Ave -

{The undersigned only saw the patient on the last day of her life & illness - R.

R. Ricketts *M. D.,*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 37581 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 21st of June 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bundle

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 13 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} No 33 [illegible]

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 38 N Exeter St

*Cause of death,* First, (Primary,) Spasm

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Rcm

*Date of Burial,* June 23rd 82

*Undertaker,* G. France

*Place of Business,* Bank & Wolf Sts. *Address,*

M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57582 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

57582

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1882 BALTIMORE

*Date of Death,* June 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis X Lipp

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* — *Days,*

*Color,* white

*Married,* ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and Number.} 293 Aisquith St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Heart disease

*Duration of Last Sickness,* ½ hour

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* June 23 - 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette *Address,*

David U. Moyer M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 57583 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57583

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edward Gillard

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* ed

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give street and number.} # 111 N. Spring St

*Cause of death,* First, (Primary,) Diphtheria

Second, (Immediate,) exhaustion

*Duration of Last Sickness,* twelve days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 22. 82

*Undertaker,* John W. Locks

*Place of Business,* 5 Wolf st

Walter Way M. D.,
Medical Attendant.

*Address,* 17 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 5-5584 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1882 BALTIMORE

*Date of Death,* June 21st. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly May.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* .... 1 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} 220 Granby St.

*Cause of Death,* First, (Primary,) Syphilis followed

Second, (Immediate,) by Convulsions.

*Duration of Last Sickness,* Since Birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St Hebrew Cemetery

*Date of Burial,* 22 St 1882

*Undertaker,* Wm Silau

*Place of Business,* 101 Gough St

John H. Kehlenger M. D., Medical Attendant.

*Address,* 743 Aliceanna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5-7585

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JUN 22 1882 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas M. Luckett

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 32 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Insurance Agent

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} London Co Virginia

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* {Give street and number} 228 Linden Avenue

*Cause of Death,* First, (Primary,) Phthisis Laryngea & Pulmonalis, & Hypertrophy of H

Second, (Immediate,) " " " "

*Duration of last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 24th June 1882 Jno. Lloyd Hunter M. D.

Medical Attendant.

*Undertaker,* H. H. Jenkins Jr

*Place of Business,* 75 N. Charles *Address,* 38 Mt. Vernon Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 57586 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57586 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chr P. Pendergast

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2y *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Machinist

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 7. S. Schroder

*Cause of Death,* First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

*Duration of Last Sickness,* 6. Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 21st 1882

*Undertaker,* Wm. Ellen Cook

*Place of Business,* 42 Hanover St

Chas. T. Michael M. D., Medical Attendant.

Address, 283. W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57587 *Office of Registrar of Vital Statistics.* Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

57587 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1882 BALTIMORE

*Date of Death,* June 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Lucas

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* — *Months,* — *Days.*

*Color,* C

*Married,* ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

*Occupation,* Washerwoman.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* abt 15 years

*Place of Death,* {Give street and Number.} 20 McCubbin Street

*Cause of Death,* First, (Primary.) Accident. Pistol wound in forehead

Second, (Immediate.)

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* June 22nd 82

*Undertaker,* Geo J Lodge

*Place of Business,* #78 Jefferson St

Chas M Morfit M. D., Coroner & ~~Medical Attendant~~

*Address,* 62 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 5788 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* June 21st, 1882,

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Leib

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

*Duration of Residence in the City of Baltimore,* Since Birth,

*Place of Death,* {Give street and Number.} # 241 S. Bethel St,

*Cause of Death,* First, (Primary,) Internal Convulsions,

Second, (Immediate,)

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 22d 1882.

*Undertaker,* Lowe and Kurtz

*Place of Business,* 277 S. Bond Street

John H. Kehleyer M. D.,
Medical Attendant.

*Address,* 243 Aliceanna St,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[or

**Permit No.** 57687

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUN 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 21st. 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Burwell Petty

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* Black *Sex,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Wood Sawyer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 16 Years

*Place of Death,* {Give street and number.} 226 E. Front St

*Cause of Death,* First (Primary,) Paralysis

Second (Immediate,)

*Duration of Last Sickness,* 7 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 22 1892

J. G. Conroy *M. D.*
Medical Attendant.

*Undertaker,* Wm. of Dugan

*Place of Business,* 62 East St *Address* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 57590 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57590 No Permit for Burial can be Obtained without a Proper Certificate.

HEITMULLER
JUN 22
1892
BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Hammond.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male.

*Age,* 2 *Years,* 9 *Months,* *Days,*

*Color,* (Col.)

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 43 Little Mc H. Elderry St

*Cause of Death,* First, (Primary,) Consumption of Lungs

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* Since Birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 22 1892.

*Undertaker,* William A. Bruce

*Place of Business,* 62 East St

John H. Lonman M. D., Medical Attendant.

*Address,* 238 E. Monument St
N. E. Dispensary.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57591

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

*Date of Death,* June 21 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Alverda Markus

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ,

*Birthplace,* {State or country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 28 Stirling St

*Cause of Death,* First, (Primary,) Rubeola

Second, (Immediate.) Broncho-Pneumonia

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* June 22 1882

*Undertaker,* Williams & Long

*Place of Business,* 62 East St

Geo F Snyder M. D.,
Medical Attendant

*Address,* 222 N Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57592 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57592

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

*Date of Death,* June 22d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie May Harvey

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 11 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 18 Walker

*Cause of Death,* First, (Primary,) .....
Second, (Immediate,) Marasmus

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* June 22d 1882

*Undertaker,* John Sharkey

*Place of Business,* 15 S Eden

Jno D Blake M. D., Medical Attendant.

*Address,* 168 Aliceanna

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5759 3

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1882 BALTIMORE

*Date of Death,* June 21 / 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Graham

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 35 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give street and number} 49 Woodyear

*Cause of Death,* First, (Primary.) Softening of brain

Second, (Immediate,)

*Duration of last Sickness,* 12 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* June 23 1882

*Undertaker,* John Slocum

*Place of Business,* 150 Canton

G. H. Evans M. D.
Do- O Donnell
Dr Stokes.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTING AND STATIONERS.

B

(OVER.)

Permit No. 57694 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* June 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Murphy

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 6 *Months,* PH *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 1 Donnelly's Ct

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Spasms

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 22

*( Undertaker,* J P Byrnes

*Place of Business,*

Geo H Benson M.D.,
Medical Attendant.

*Address,* Cor. of Edmondt

## Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty ho attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish urs after the death, to the Undertaker or other persons superintending the burial a Certificate setting forth as far rtained, the full name, sex, age and condition (whether married or single) of the person deceased, and the except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57573 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

+57573 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 21, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Ward

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balti

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 41 Courtland

*Cause of death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* ~~St Mary Cemetery Govanstown~~

*Date of Burial,* June 23d 1882

*Undertaker,* Henry W. Mears

*Place of Business,* 46 N. Gay St

Geo Shriver M. D., Medical Attendant.

*Address,* 1 Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57596

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 22 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 20th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Hauseck

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} Balt. City College

*Cause of Death,* First, (Primary.) Ovarian tumor

Second, (Immediate.) 6 years duration

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* June 22d 1882

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Gaston St

Wesley Smith M.D.,
Medical Attendant.

*Address,* 2 Cathedral St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**Permit No.** 57397

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James William Turner

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 11 *Years,* 6 *Months,* *Days.*

*Color,* Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland. Kent Co

*Duration of Residence in the City of Baltimore,* one year

*Place of Death,* {Give street and number} 7 Woodyear alley near Edmondson Avenue

*Cause of Death* { First, (Primary,) Scarlet Fever
, Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Dark Corner

*Date of Burial,* June 23 '82

*Undertaker,* Samuel W Hale

*Place of Business,* 198 S. Howard

J Harvey Hill M. D.
Medical Attendant.

*Address,* 119 Edmondson Avenue.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER]

Permit No. 37796 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

*Date of Death,* June 21st - 1882 -

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Regan -

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* — *Years,* — *Months,* 7 *Days,*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } St. Vincent's Infant asylum -

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } As above

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Marasmus.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae -

*Date of Burial,* 22d June 1882.

*Undertaker,* Pat. Hunt.

*Place of Business,* Townsend & Division

R. Mc. Goldsmith M. D.,
Medical Attendant.

*Address,* Haleman. Calhoun St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 5769 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

THE HEALTH DEPT. JUN 23 1882 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 22d - 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph -

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 22 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life -

*Place of Death,* {Give street and Number.} St. Vincent's Infant asylum.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Convulsions.

*Duration of Last Sickness,* a few hours -

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 22d - 1882.

R. H. Goldsmith M. D.
Medical Attendant.

*Undertaker,* Pat Hunt.

*Place of Business,* Hunt and Bro. *Address,* Holliday & Calhoun St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 7600 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

57609

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hurst

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* (four) 4 *Months,* ..... *Days.*

*Color,* .....

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Farmer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Essex Co, Virginia

*Duration of Residence in the City of Baltimore,* 25 Days

*Place of Death,* {Give street and number.} No 258 Park Ave

*Cause of death,* First, (Primary,) Non Inflammatory Softning of Brain

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Five months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 22, 1882

*Undertaker,* John E. Force

*Place of Business,* 68 Park Ave

Whitfield Winsey M. D.

Medical Attendant.

*Address,* 112 E. Fayette Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 37601 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 22 1882 HEALTH DEPARTMENT BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. McClellan

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* —— *Months,* —— *Days.*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Co —

*Duration of Residence in the City of Baltimore,* About 15 yrs

*Place of Death,* {Give street and number.} 79 N Liberty St

*Cause of death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* About one yr.

All the above information should be furnished by the Physician.

*Place of Burial,* White Hall M. E. Ch.

*Date of Burial,* June 23rd 1882

*Undertaker,* Wm. H. Wickman

*Place of Business,* 234 N. Gay St.

O. T. Crew M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57602 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57602 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 20 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel B Ryan

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 9 *Months,* 9 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 393 N Gilmor st

*Cause of death,* First, (Primary,) Teething,

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* June 24 1882

*Undertaker,* Leary & Mitchell

*Place of Business,* 556 W Fayette

J H Pattison M. D., Medical Attendant.

*Address,* 23 Franklin st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57603

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED JUN 22 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 21 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Thompson

~~Male,~~ *Female,* {cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 223 Light St

*Cause of Death* { First, (Primary,) Phthisis, Pulmonary
, { Second, (Immediate,) ( 6 Mo,

*Duration of last Sickness,* 6 M

All the above information should be furnished by the Physician.

*Place of Burial,* Loudell

*Date of Burial,* June 23

*Undertaker,* Chas T Lemmon

*Place of Business,* 271 E Eutaw

H B Noble M. D.
Medical Attendant.

*Address,* 50 Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

To Board of Health, City of Baltimore,

Permit No. 57604

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 22d 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret. Baum.

*Sex, ~~Male~~ or Female,* {Cross out the words not required in this line.} Female

*Age,* 92 *Years,* 5 *Months,* 20 *Days*

*Color,* White

*Married, ~~Single,~~ Widow or ~~Widower~~,* {Cross out the words not required in this line.} Widow

*Occupation,* ---

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* all life.

*Place of Death,* {Give street and number.} 211 Saratoga St

*Cause of Death,* {First (Primary,) Old age / Second (Immediate,) Exanition

*Duration of Last Sickness,* Failing for some time.

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster Grave

*Date of Burial,* June 24th 1882

*Undertaker,* Thos S Hughes

*Place of Business,* 6th & Balto

W. F. A. Kemp M.D.
Medical Attendant.

*Address,* 56 N Green St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5760[illegible]

*Office of Registrar of Vital Statistics.*

Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 23rd 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Paul Rausch

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* 3 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and number.} # 366 Sharp St.

*Cause of death,* First, (Primary,) Tubercular Meningetis

Second, (Immediate,)

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem.

*Date of Burial,* June 25th 1882

*Undertaker,* Julius Koehler

*Place of Business,* Sharpe Cross St.

Louis Klein M. D.,
per E.H.K. Medical Attendant.

*Address,* 226 Mulberry St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57606 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

57606

*Date of Death,* June 22? 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Freezer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 Months, 24 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 339 S. Sharp st

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* United Evangelical

*Date of Burial,* June 23 d 1882

*Undertaker,* Julius Koehler

*Place of Business,* Cor Sharp & Cross sts. Address,

Julius Hall M. D.,
Medical Attendant.
Southern Dispensary
77 Hill st

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 7760 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

+ 57607 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

*Date of Death,* June 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Fitzberger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* —— *Years,* 62 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt^e Md. — 3

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} N^r 142 S. Spring st

*Cause of death,* First, (Primary,) Inanition

Second, (Immediate,)

*Duration of Last Sickness,* —— Have seen it but once —

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* June 23 1882

*Undertaker,* C Rossney

*Place of Business,* 196 E Fayette

L O Whiteneck M. D., Medical Attendant.

*Address,* 12 S. Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or [redacted]sons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and [redacted](whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of [redacted]ate children.

[ov[redacted]

Permit No. 57608

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUN 23 18[illegible] BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 21 8

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} May Blanch Bruns

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ___ *Years,* 6 *Months,* 3 *Days.*

*Color,* White *Sex,* ___

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ___

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Church near Bond

*Duration of Residence in the City of Baltimore,* ___

*Place of Death,* {Give street and number.} Church St near Bond

*Cause of Death,* First (Primary,) Cholera infant

Second (Immediate,) Spasm

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* June 23 1882

*Undertaker,* Henry Keech

*Place of Business,* 309 Eutaw and Lee

Richd Sappington M. D.
Medical Attendant.

*Address* ___

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permit No. 1760 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1892 BALTIMORE

# CERTIFICATE OF DEATH.

No 57609

*Date of Death,* June 21 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Marks

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* 9 *Months,* *Days,*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 71 Griffins Court ~~71 Alice and Rose Aves~~

*Cause of Death,* First, (Primary,) Diarrhoea

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Since 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Dr Alleghenies

*Date of Burial,* June 23d

*Undertaker,* John Funk

*Place of Business* 24 S. Wolfe

Jno. L. Bruce M. D.,
Medical Attendant.

*Address,* 44 So. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57610 Office of Registrar of [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57610

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

*Date of Death,* June 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Eugene Cooke

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* 10 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 307 Hoffman St

*Cause of death,* First, (Primary,) Dysentery

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 23rd

*Undertaker,* B Hazard

*Place of Business,* Cor Pennsl & Dolphin

R Winslow M. D.,
Medical Attendant.

*Address,* 201 W. Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5761 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 23 1862 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 22, 1862.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nellie Muthrop,

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 8 *Years,* 3 *Months,* *Days.*

*Color,* White,

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* School Girl,

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } New York City, Two years.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 65 N Harrison St.

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate.) Coma, (Exhaustion of the brain)

*Duration of Last Sickness,* Two days.

All the above information should be furnished by the Physician.

*Place of Burial,* Russian Cemetery

*Date of Burial,* June 23rd

*Undertaker,* Maurice Muthrop

*Place of Business,*

J. W. Chamber M.D.,
Medical Attendant.

*Address,* 133 N Exeter St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

57612

# CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Christ

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 16 *Years,* 9 *Months,* 7 *Days.*

*Color,* White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Expt. time

*Place of Death,* {Give street and Number.} 50 h. Eutaw

*Cause of Death,* First, (Primary,) He died with pyaemia on consequence of a shot in the left

Second, (Immediate,) upper-thigh. The thigh bone being amputated.

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Balto

*Date of Burial,* June 25

*Undertaker,* Andrews & Hodges

*Place of Business,*

F. Statia M.D.
Medical Attendant.

*Address,* 245 S. Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER]

Permit No. 7763 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

#5763

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 22nd, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Sawtelki

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... 10 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 276 S. Ann St

*Cause of Death,* First, (Primary,) Difficult Dentition accompanied

Second, (Immediate,) by Diarrhoea (Inflam)

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* June 24th 82

*Undertaker,* C Franz

*Place of Business,* Bank St. Nor

John H Rehberger M. D.,
Medical Attendant.

*Address,* # 143 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 57614

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine A. Porter

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 74 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* Years

*Place of Death,* {Give street and number} 74 Chew St

*Cause of Death* { First, (Primary,) Congestion of Bowels.
Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* June 24th 92

*Undertaker,* G. Frame

*Place of Business,* Bank & Mott

Chas. H. Riley M. D.
Medical Attendant.

*Address,* 326 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 57615 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

*57615

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

*Date of Death,* June 23rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Boller

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* X *Years,* 6 *Months,* X *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 283 Orleans St

*Cause of Death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* June 25 1882

H. P. Reynolds M. D.,
Medical Attendant.

*Undertaker,* John Hannon

*Place of Business,* 382 Orleans St *Address,* 186 Augusta St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# 57616

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1892 BALTIMORE

*Date of Death,* June 22nd 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wesley Hardy

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} —

*Age,* 24 *Years,* — *Months,* — *Days.*

*Color,* Black.

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,* Laborer.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Edenton N. C.

*Duration of Residence in the City of Baltimore,* 4 Years

*Place of Death,* {Give street and Number.} 24 Edward St

*Cause of Death,* First, (Primary,) ...

Second, (Immediate,) Consumption

*Duration of Last Sickness,* 3 Mos

All the above information should be furnished by the Physician.

*Place of Burial* E P Cem

*Date of Burial* June 23

*Undertaker,* Mc Coleman.

*Place of Business,* ...

Silas N. Hunter M.D.
Medical Attendant.

*Address,* 36 Fremont Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

57617

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

*Date of Death,* June 22, 1882 ; 6:45 A. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick J Linnemeyer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* Three *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} No 180 Columbia ave,

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} No 180 Columbia av.

*Cause of death,* First, (Primary,) Cerebro-Spinal Meningitis

Second, (Immediate,) .....

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* June 24th

*Undertaker,* B. Harle.

*Place of Business,* 52 West St. *Address,* N.E. Cor. Columbia Ave & Hunter

Thos J Chardi, M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57618 *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57618 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 23 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James. Redenwald

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 9 *Months,* 0 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* 0

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 1 51 South Wolf

*Duration of Residence in the City of Baltimore,* 9 M

*Place of Death,* {Give street and number.} No 51 South Wolf

*Cause of death,* First, (Primary,) Congestion of the Lungs

Second, (Immediate,) 6 D

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* June 24. 1882.

*Undertaker,* Wendelin Tippel

*Place of Business,* 151 & 153 S. Bond St.

John L. Ehr M. D.,
Medical Attendant.

*Address,* 160 Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*Permit No.* 57619 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Rust

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 88 *Years,* 8 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Near Catonsville Balto Co

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give street and number} 15 S. Arlington Avenue

*Cause of Death* First, (Primary,) Old age

Second, (Immediate,) Paralysis

*Duration of last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet cemetery

*Date of Burial,* June 24th 1882

*Undertaker,* Geo B. Cook

*Place of Business,* No 707 N Baltimore street

F. T. Benson M. D.
Medical Attendant.

*Address,* 187 Hollins st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 7620

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* June 22 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie L Sullivan

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8 *Months,* 28 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 71 Parkin St.

*Cause of Death,* First, (Primary.) Cholera Infantum.

Second, (Immediate.)

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount-Olivet cemetery

*Date of Burial,* June 23rd 1882

*Undertaker,* Jos. B. Cook

*Place of Business,* No 707 N. Baltimore Street *Address,* Cor Townsend & Fremont

W. Gray Smith M.D.,
Medical Attendant.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57621 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

+57621

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* June the 21th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanna Willson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Washing

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* all her live time in Balto

*Place of Death,* {Give street and number.} 54 Williamson Alley

*Cause of Death,* First, (Primary.) old Age

Second, (Immediate.)

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Burie

*Date of Burial,* 24 of June

*Undertaker,* Geo W Robbins

*Place of Business,*

Geo. K. Dunn M.D.,
Medical Attendant.

*Address,* Com of Health

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 17622 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57622

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* June 21 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Young

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} .....

*Age,* about 23 *Years,* ..... *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} not Known

*Occupation,* Not Known

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Not Known

*Duration of Residence in the City of Baltimore,* Not Known

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Apnoe

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* West Public Cemetery

*Date of Burial,* June 22/82

*Undertaker,* Fred A Kirchner

*Place of Business,* 50 & Caroline Sts

Fleet M. D.,
Medical Attendant.

Address, University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 57623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 23rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett Gregg Carr

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 60 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* 60 yrs.

*Place of Death,* {Give street and number} 43 Holliday St

*Cause of Death* {First, (Primary,) Valvular disease of Heart

{Second, (Immediate,)

*Duration of last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Glen Dyr & Restholen Cemetery

*Date of Burial,* June 26th 1882 W. Riley M. D.
Medical Attendant.

*Undertaker,* Jno. H. Weaver & Co

*Place of Business,* 422 W Fayette St *Address,* 306 Madison Avenue

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Permit No. 7624 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Reddy

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 *Months,* 6 *Days.*

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Cor Eutaw & Lombard St

*Duration of Residence in the City of Baltimore,* 3 mos.

*Place of Death,* {Give street and number.} Cor Eutaw & Lombard Sts

*Cause of Death.* First, (Primary.) Congestion of Brain

Second, (Immediate.)

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* June 23

*Undertaker,* H. M. Ginnis

*Place of Business,* 5 N. Central Ave

Chas. H. Reilly M.D.,
Medical Attendant.

*Address,* 306 Madison Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57625 Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57625

# CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jane Englar

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. } Female

*Age,* 2 *Years,* 2 *Months,* 18 *Days,*

*Color,* White

*~~Married~~, Single, Widow or ~~Widower~~,* { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 104 Patterson ave

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) Intra-Cranial Hemorrhage

*Duration of Last Sickness,* 4 days

At the above information should be furnished by the Physician.

*Place of Burial,* Lemmond's, Carroll Co

*Date of Burial,* June 24th

*Undertaker,* Meeth & Shields

*Place of Business,* 60 & Carrollton ave

Jas. E. Gibbons M. D.,
Medical Attendant.

*Address,* 47 Edmondson ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 57626 Office of Registrar of

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de[ceased] if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57626

# CERTIFICATE OF DEATH.

*Date of Death,* June 23

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Baby of Susan Grinnell

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* about 4 *Months,* ..... *Days,*

*Color,* colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } 64 Oxford

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 64 Oxford

*Cause of Death,* First, (Primary,) I suppose from inanition. I saw the child

Second, (Immediate,) about 2 weeks ago not since

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 24 82

*Undertaker,* Alf Hemsley

*Place of Business,* 116 Orchard st

Wd Booker M. D.,
Medical Attendant.

*Address,* 152 W Madison st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57627. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, as ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

*57627 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 22th June 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Eichner

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 25 *Years,* 5. *Months,* 10 *Days.*

*Color,* white

~~*Married, Single, Widow or Widower*~~ { Cross out the word not required in this line. }

*Occupation,* Broommanufacturer.

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* during Lifetime

*Place of Death,* { Give street and number. } S. Registerstreet 25.

*Cause of death,* { First, (Primary,) Tuberculosis Pulmonum
Second, (Immediate,) }

*Duration of Last Sickness,* 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathews Cemetery

*Date of Burial,* 24th June 1882

*Undertaker,* Louis Hermann

*Place of Business,* 131 Eden St

William Henkel M. D.,
Medical Attendant.

*Address,* S. Wolfe & Pr.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec'd, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

57628

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1882

*Date of Death,* June 23 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Reisig

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 8 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 427 Pennington Av.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) —

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 25 82

*Undertaker* Philip J. Dill

*Place of Business,* 183 Columbia Av.

C. L. Buddenbohn M. D., Medical Attendant.

*Address,* 166 S. Paca St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 57629

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1882 BALTIMORE

*Date of Death,* June 22d 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine ~~Kost~~ Kradock

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower.~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 282 N. Durham

*Cause of Death,* First, (Primary.) Eclampsia

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Cemetery

*Date of Burial,* June 24 1882

*Undertaker,* John Horney

*Place of Business,* 382 Orleans St *Address,* 245 E. Baltimore

J. Fuller M.D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

The Ph[illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

*57630

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1882 BALTIMORE

*Date of Death,* June 23-82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lambert A. Jozefek

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* ~ *Days.*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* ~

*Place of Death,* {Give street and Number.} 249 E. Baltimore

*Cause of Death,* First, (Primary.) Encephalitis

Second, (Immediate.) Edema pia

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial* St Mary's Cemetery

*Date of Burial,* June 24 1882

*Undertaker,* John Heneny

*Place of Business,* 332 Orleans St *Address,* 245 E. Baltimore St

F Struthers M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

No. 57631

HEALTH DEPARTMENT JUN 24 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 23rd 1887

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hamilton Dean

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* — 24 *Years,* — 4 *Months,* — 28 *Days,*

*Color,* Colrd

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Duck City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } 277 E. Monument Street

*Cause of Death,* First, (Primary,) Intemperance

Second, (Immediate,) Apoplexy (Sudden Death)

*Duration of Last Sickness,* Several years

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore City

*Date of Burial,* June 24th

*Undertaker,* Henry McGinnis

*Place of Business,* 84 Central ave

S. W. Flowers M. D.,
Medical Attendant.

Address, 1 or 3 Eager or Caroline Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 37632

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 24 June 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Louisa Price

*Sex, ~~Male~~ or Female,* { cross out the word not required in this line. }

*Age,* 50 *Years,* 2 *Months,* — *Days.*

*Color,* White

*Married, ~~Single~~, Widow ~~or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Housewife.

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } Accomac C. Va

*Duration of Residence in the City of Baltimore,* 8 months.

*Place of Death,* { Give street and number } No. 15 S. Chester St. Balto.

*Cause of Death,* { First, (Primary,) Gastric Ulcer (see back
Second, (Immediate,) Asthenia.

*Duration of last Sickness,* 5 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Lower Lott Cemetery

*Date of Burial,* June 24 1882

B. F. Leonard M. D.
Medical Attendant.

*Undertaker,* John Hennig.

*Place of Business,* 382 Orleans St

*Address,* 314 E. Balto St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 57683

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUN 25 1894 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1894

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Leo Coll

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 9 *Years,* 9 *Months,* 8 *Days.*

*Color,* White *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 54 E Townsend st

*Cause of Death,* First (Primary,) Marasmus

Second (Immediate,) Prostration

*Duration of Last Sickness,* six months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 25th

*Undertaker,* Chas J Scriven

*Place of Business,* 271 N Eutaw

James Kelly M. D.
Medical Attendant.

*Address* 93 Park ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57637

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

*Date of Death,* June 23 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianna Crockett

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days,*

*Color,* white

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Fish Dealer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Lexington Market - Fish Pavement

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Heart disease

*Duration of Last Sickness,* 10 minutes

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore cemeteries

*Date of Burial,* June 25th 1882

*Undertaker,* Geo R Cook

*Place of Business,* No 707 N Baltimore Street

Alexander Tousley M. D.
Medical Attendant,

*Address,* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Permit No. [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57635

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 2 1882 BALTIMORE

*Date of Death,* June 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. E. Whalen } Parents, Mary " "

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 5 Mos. *~~Days~~,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and Number.} 421 Hamburg St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Asphyxia

*Duration of Last Sickness,* few minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park Cem.

*Date of Burial,* June 25 1882

*Undertaker,* J.B. Cook

*Place of Business,* 707 W. Balto St. *Address,* 152 S. Sharp St.

R. J. N. Tall, M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57636 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

+ 57636 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 24 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Jahn

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* five *Months,* Twenty nine *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } Cor. McElderry & Ethel

*Cause of Death,* First, (Primary.) Enteritis

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Schwartzer Cemetery Trap Road

*Date of Burial,* June 26th

*Undertaker,* Geo Schilling

*Place of Business,*

H. C. Hahn *M.D.,*
Medical Attendant.

*Address,* 201 N Exeter

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57637

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 2 BALTIMORE

*Date of Death,* June 23d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Franklin Hughs

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* 6 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 290 E Monument st

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate,) Meningitis

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 24th

*Undertaker,* Geo. Schilling

*Place of Business,*

E. C. Baldwin M. D.,
Medical Attendant.

*Address,* 124 n Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 7630 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

157638 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. JUN 24 2 ORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 23d

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed L Walbrun

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and number.} No 229 Eden St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Inflamation Lungs

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 25th

*Undertaker,* Geo Schilling

*Place of Business,*

C L Mackenzie *M.D.,*
Medical Attendant.

*Address,* Exeter St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far ame can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the d date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57639

# CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 05

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John ——— Townsend

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 37 *Years,* ... *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* General Worker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 303 Foot Ave.,

*Cause of Death* { First, (Primary,) Chronic Enteritis Diarrheal
Second, (Immediate,) Do.,

*Duration of last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem.

*Date of Burial,* June 26

*Undertaker,* B. Howell

*Place of Business,* 62 West 11th

J. J. Bacon M. D.
Medical Attendant.

*Address,* N.E. Cor Arlington ave & Whitehead

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 57640 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57640

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 22d 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patronella Cornish

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* Two Years, Seven Months, Days.

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number.} 3 Harmony Lane

*Cause of death,* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of Last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Shorpo St Cemetery

*Date of Burial,* June 24 1882

*Undertaker,* William Dorsey

*Place of Business,* No 62 Eutaw St

A. C. Fox M. D.,
Medical Attendant.

*Address,* 506 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57641

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* June 22 15

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Conner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Allentown Butler Co

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 293 N Broadway

*Cause of Death,* First, (Primary.) .....

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* over Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Co

*Date of Burial,* June 24

*Undertaker,* A Schultheis

*Place of Business,*

Geo. W. Osmond M.D.,
Medical Attendant.

*Address,* Com of Health

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the deceased was under his notice, to furnish within forty-eight hours after the death to the Undertaker, or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. [illegible] Office of Registrar of [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57642

# CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Douglass

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* Colored

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 9 months

*Place of Death,* {Give street and Number.} No 69 Orchard St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions.

*Duration of Last Sickness,* Two days.

All the above information should be furnished by the Physician.

*Place of Burial* New Cathedral

*Date of Burial,* June 25th

*Undertaker,* F A Kirchner

*Place of Business,*

J. Fraser Thomas M. D.,
Medical Attendant.

*Address,* City Hospital.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57643

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 24 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno T Boddinick

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 46 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Merchant

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 1 Penn st. Roadside

*Cause of Death* { First, (Primary,) Bright's Disease

Second, (Immediate,)

*Duration of last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 26 th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave

*Address,* 121 W Lexington

M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57644

# CERTIFICATE OF DEATH.

*Date of Death,* June 23rd 1887

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Geissel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One (1) *Years,* Ten (10) *Months,* Four (4) *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} S. E. Cor Bayard & Lemmon Sts

*Cause of Death,* First, (Primary,) Scarlatina

Second, (Immediate,) Diphtheritis

*Duration of Last Sickness,* Fourteen Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 25 1887

*Undertaker,* Henry Hook

*Place of Business,* 907 N. Eutaw

S. W. Abbott M. D.,
Medical Attendant.

*Address,* S. E. Cor Bayard & Carolina Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

* 57645

# CERTIFICATE OF DEATH.

*Date of Death,* June 26 '82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L. Einhorn

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 82 *Years,* *Months,* *Days.*

*Color,* white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* House wife

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* { Give street and Number. } 128 Pearce st

*Cause of Death,* First, (Primary,) Old age

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* June 25th, 1882

*Undertaker,* Matthew Cadogan

*Place of Business,* 27 Hillyard

J. Miller M. D.,
Medical Attendant.

*Address,* 89 W. Pratt St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57646 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57646

# CERTIFICATE OF DEATH.

*Date of Death,* June 23 92

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella. Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* — *Years,* 0 6 *Months,* — *Days,*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 140 Hanover Lane

*Cause of Death,* First, (Primary,) Want of proper and

Second, (Immediate,) sufficient nourishment

*Duration of Last Sickness,* I saw the child once.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery in my view

*Date of Burial,* June 24th 1892 C H Sachs M. D.,

Medical Attendant.

*Undertaker,* William M Burger

*Place of Business* No 2 East St *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57647

# CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanora Lee

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* *Months,* 2 *Days.*

*Color,* Colored

~~*Married*~~, *Single, Widow or Widower.* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bales.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 206 West St.

*Cause of death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* June 25

*Undertaker,* H Ross

*Place of Business,* 95 Monument & *Address,* 262 Sharp St

L. M. Hall *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57648 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57648 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 1 1882 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* June 23

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J Jones

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 11 *Months,* *Days.*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 16 Philpot alley

*Cause of Death,* First, (Primary.) Spasms

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E Bub Cem

*Date of Burial,* June 24th

*Undertaker,* W Coleman

*Place of Business,*

Geo. W. Dixon M.D.,
Medical Attendant.

*Address,* Cor. Gilmor & Fulton

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

5 7649

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1882 BALTIMORE

*Date of Death,* June 24, 1882,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes King

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 15 minutes ~~Days~~

*Color,* White,

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore 126 S. Chester St.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 126 S. Chester St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Premature birth, 7 mos no cause known

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* June 26th 1882

*Undertaker,* H. H. Gilmore

*Place of Business,* 16 & 41 Exeter ave. *Address,* 95 Park ave

George A. Rohé M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57650

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 4 1882 BALTIMORE MD.

*Date of Death,* June 23rd. 7.45 A.M. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Olivia Wells

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* 4 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* ✗✗

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 94 S. Schroeder St.

*Cause of death,* First, (Primary,) Bright's Disease

Second, (Immediate,)

*Duration of Last Sickness,* several months.

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cem

*Date of Burial,* June 25" 82

*Undertaker,* M A Taylor

*Place of Business,* 74 S. Bway

James E Donnelly M. D.,
Medical Attendant.

*Address,* 199 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 37637

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57657

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

*Date of Death,* June 23d 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Rice

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* 9 *Months,* 1 1 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 84 S. Bond St

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.)

*Duration of Last Sickness,* About 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cem

*Date of Burial,* June 26th 1882

*Undertaker,* M a Daiger

*Place of Business,* 745 S. Broadway

H. Jenkins M.D.,
Medical Attendant.

*Address,* 2 Cathedral St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57652

# CERTIFICATE OF DEATH.

*Date of Death,* June 23

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Rodrick

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 398 S Sharp St

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* June 25th 1882

*Undertaker,* Armestrong & Deney

*Place of Business,* 203 Light St

J C Burch M. D.,
Medical Attendant.

*Address,* 15 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57653

# CERTIFICATE OF DEATH.

*Date of Death,* June 22nd. 3 P.M. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Frape

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 39 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Letter Carrier

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 8 St. Ann St.

*Cause of death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

*Duration of Last Sickness,* Two years.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* June 25, 1882

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 N. Gay St.

James E. Kemp M. D., Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57654

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 2 1882 BALTIMORE

*Date of Death,* June 23/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Weigel

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow* ~~*or Widower*~~, {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 338 East. av.

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of Last Sickness,* 2 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Sunday

*Date of Burial,* June 24

*Undertaker,* Sanders

*Place of Business,*

R. W. Mansfield M. D.,
Medical Attendant.

*Address,* 112 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 0 7 6 0 0 Office of Registrar of Vital Statistics. W.S.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57655

HEALTH DEPARTMENT JUN 24 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 23d - 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward McDevitt -

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* —— *Years,* 1 *Months,* 15 *Days,*

*Color,* White -

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* ——

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto -

*Duration of Residence in the City of Baltimore,* Life -

*Place of Death,* { Give street and Number. } St. Vincent's Infant Asylum -

*Cause of Death,* First, (Primary,) Syphilis

Second, (Immediate,) Exhaustion -

*Duration of Last Sickness,* Life -

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 24/82

*Undertaker,* Pat. Hunter

*Place of Business,* Townsend & Division

R. H. Goldsmith M. D.,
Medical Attendant.

*Address,* Harlem Av. Calhoun St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57656 Office of Registrar of Vital Statistics. Wards 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57656

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 2 1882 BALTIMORE

*Date of Death,* June 23rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Fitzgerald

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* 5 *Months,* 1 5 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Printer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Ten years

*Place of Death,* {Give street and Number.} 12 Harrison St

*Cause of Death,* First, (Primary,) Injuries rec'd in Southern Army

Second, (Immediate,) General Adynamia

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park Cemetery

*Date of Burial,* June 25 1882

*Undertaker,* James D Byrne

*Place of Business,* No 63 N Front St

A Brevoort Hewitt M. D.,
Medical Attendant.

*Address,* 11 S. Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 57657 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

57657

# CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Schuberneck

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* — *Months,* 14 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ohio

*Duration of Residence in the City of Baltimore,* 18 Months

*Place of Death,* {Give street and number.} 3 Elizabeth Lane

*Cause of Death,* First, (Primary.) Small Pox

Second, (Immediate.) " "

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 24 1882

Geo. W. Dawson M.D.,
Medical Attendant.

*Undertaker,* B Hahn

*Place of Business,* 82 West [illegible] *Address,* Cam & Heath

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57658 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57658

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1882 BAL. ORE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 23d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Siegbert Bittner

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 4 *Months,* 24 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt° City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number.} 11° 23 Essex st

*Cause of death,* First, (Primary,) Cholera infantum

Second, (Immediate,)

*Duration of Last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* June 24 1882

*Undertaker,* H. Sander & Son

*Place of Business,* 202 Canton Ave. *Address,* 121 S. Eden st

L O Whitcomb M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57659

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1882 BALTIMORE

*Date of Death,* June 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L. Hoen

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 4 *Months,* 25 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X X X

*Occupation,* X X X

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 217 Canton Avenue

*Cause of Death,* First, (Primary,) Scarlatina

Second, (Immediate,) Congestion of Lungs

*Duration of Last Sickness,* About 13 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* June 25 1882 James E Emerlé M. D.,

*Undertaker,* H Sander & Son Medical Attendant.

*Place of Business,* 252 Canton Ave *Address,* 299 E Baltimore St

***Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# 2 Board of Health, City of Baltimore,

Permit No: 57660

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 24

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Becker

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* — *Years,* 14 *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 111 Bank St

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Paralysis subsequent to Variola

*Duration of last Sickness,* under my care one week

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem.

*Date of Burial,* June 25 1882

J. H. Benyaur M. D.
Medical Attendant.

*Undertaker,* H. Sanden & Son

*Place of Business,* 502 Canton Ave *Address,* Bridge & Front

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, [illegible] set forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] CITY PRINTERS AND STATIONERS.

Permit No. 57661 Office of Registrar of Vital Statistics. Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57661

# CERTIFICATE OF DEATH.

*Date of Death,* Friday June 23rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob C. H. Baker

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country; and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} # 163 N. Eden St

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Head Complications

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 26th 1882

*Undertaker,* Henry Hofmann

*Place of Business,* 163 N. Eden st

Wm. Britton M. D.,
Medical Attendant.

*Address,* 25 N. Gay Comm. Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57662 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

57662

# CERTIFICATE OF DEATH.

*Date of Death,* 23d June 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lilly Sophia Stafford

*~~Sex, Male or~~ Female,* { Cross out the word not required in this line. } Female

*Age,* ..... *Years,* 4 *Months,* 21 *Days.*

*Color,* Colored

*~~Married~~, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Nothing

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } 70 Leadenhall St.

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 25

*Undertaker,* H Ross

*Place of Business,* 95 Conway St. *Address,* 146 Hill St.

J. D. Dyer *M.D.,*

Medical Attendant.

J. D. DYER M.D.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57663

# CERTIFICATE OF DEATH.

*Date of Death,* June 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Schreiber

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* 5 *Months,* 15. *Days,*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Always.

*Place of Death,* {Give street and Number.} Federal Hill Park, So. Balto.

*Cause of Death,* First, (Primary,) ~~Stuck~~ ~~in~~ ~~the~~ left breast by some unknown ~~Instrument~~ Weapon

Second, (Immediate,) Rupture of the Heart

*Duration of Last Sickness,* Immediate.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 26th 1882

*Undertaker,* C. N. Troll,

*Place of Business,* 131 Hanover St.

~~Attending~~ Physician, ~~Medical Attendant~~, Coroner So Dist

*Address,* 161 So Sharp St

M. D.,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57664 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57664

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* June 23d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Frank

*Sex,* ~~Male~~ / Female. {Cross out the word not required in this line.}

*Age,* 43 *Years,* 6 *Months,* 6 *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* ~~—~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 29 years

*Place of Death,* {Give street and number.} No 1 Camden Alley

*Cause of Death,* First, (Primary.) Apoplexy

Second, (Immediate.) Rupture of Blood Vessel of Brain

*Duration of Last Sickness,* Suddenly death

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* June 25th

*Undertaker,* H. N. Trail

*Place of Business,* 131 Hanover St *Address,* No 68 Sharp St

Chas F. Heusen M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57665 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57665 No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Kenney

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 18 *Days,*

*Color,* White.

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 39 Watson St.

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Inanition,

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial.* June 26 1882

*Undertaker,* Thos L Hughes

*Place of Business,* 110 E Balto

J. A. Hauck M. D., Medical Attendant.

*Address,* 75 E Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Laing

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Colour

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Scotland – 6 years in U. S.

*Duration of Residence in the City of Baltimore,* 4 weeks

*Place of Death,* {Give street and number} Union Protestant Infirmary

*Cause of Death* { First, (Primary,) Disease of internal ear
Second, (Immediate,) Tetanus

*Duration of last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* June 26

*Undertaker,* A. Kinnaird

*Place of Business,* 32 North Liberty St

C. Fawcett M. D.
Medical Attendant.

*Address,* 92 Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

Permit No. 3766 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57667

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Sauerland

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 86 *Years,* 2 *Months,* ..... *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Locksmith

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Thirty years

*Place of Death,* {Give street and number.} St Joseph's Hospital

*Cause of death,* First, (Primary,) Old age

Second, (Immediate,) Excessive Heat.

*Duration of Last Sickness,* About 15 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* June 26, 1882

*Undertaker,* Henry Hugh

*Place of Business,* 304 Canton Ave

S. O. Z. Stockman M. D.,
Medical Attendant.

*Address,* St Joseph's Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. D

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57668

HEALTH DEPARTMENT JUN 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Leach.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 4 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 3 Guy. Rl. Antrum.

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Cholera Infantum 5 Days.

*Duration of Last Sickness,* 4 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 25th

*Undertaker,* George Schilling

*Place of Business,* .....

Edward D. Murdock M. D.,
Medical Attendant.

*Address,* 57 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57669

HEALTH DEPARTMENT JUN 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Durborow

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 25 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 779 E. Baltimore

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 26th 1882 E. C. Baldwin M. D.

Medical Attendant.

*Undertaker,* S. W. Leonard & Son

*Place of Business,* 782 W Baltimore *Address,* 124 N Exeter

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over.

Permit No. [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57620

HEALTH DEPARTMENT JUN 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edw. Thos. Gaither.

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* Years, 1 4 Months, 4 Days,

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 5 Poultney St.

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Enteritis

*Duration of Last Sickness,* 6 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Int. Olivet Cemetery

*Date of Burial,* June 25 1882

R. J. N. Tall, M. D.
Medical Attendant.

*Undertaker,* Armstrong & Co.

*Place of Business,* 263 Light St. *Address,* 15-2 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 57671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernst Hebbel

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 63. *Years,* — *Months,* 3 *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Butcher

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germania

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Nort. West Corner Lombard & Canal Sts

*Cause of Death* {First, (Primary,) Enteritis

Second, (Immediate,)

*Duration of last Sickness,* 6. Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* 26 June 1882

John M. Pt Penette M. D.
Medical Attendant.

*Undertaker,* Kan & Bartell

*Place of Business,* 62½ W. Balto St *Address,* N 88. E. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...ANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 57672 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 24th June 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Ward

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} County Tipperary (Ireland)

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Asylum of the Little Sisters of the Poor cor John and Valley Streets

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* one months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* June 26th 1882

*Undertaker,* Henry Schelthuis

*Place of Business,*

Wm Brooke Boyle M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57673

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1882 BALTIMORE

*Date of Death,* June 23rd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Howard Adler

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ... *Years,* 7 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } X X X

*Occupation,* X X X

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 254 E. Baltimore

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) ...

*Duration of Last Sickness,* Week - Called in on 23rd.

All the above information should be furnished by the Physician.

*Place of Burial* Lloyd St Cemetery

*Date of Burial,* June 25 1882

*Undertaker,* Wm Eilau

*Place of Business,* 101 Gough St

James E. Donnelly M. D., Medical Attendant.

*Address,* 299 E. Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57674

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1882 BALTIMORE

*Date of Death,* June 24th. 4:30 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Decker

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 10 *Months,* 15 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} No 5 Little Poca St.

*Duration of Residence in the City of Baltimore,* Since birth,

*Place of Death,* {Give street and number.} No. 5 Little Poca St.

*Cause of death,* First, (Primary,) Cholera-Infantum

Second, (Immediate,)

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* June 25- 1882.

*Undertaker,* John Heuisler

*Place of Business,* 382 Orleans St

Wm. A. Alderdice M. D.,
Medical Attendant.

*Address,* N.E.Cor. Columbia Ave & Front

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 24 '82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes Gray January

*Sex,* ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

*Age,* ..... *Years,* 6½ *Months,* about ~~*Days.*~~

*Color,* White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* ——

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* { Give street and number } Calvert St. Ext.

*Cause of Death* { First, (Primary,) Spinal Tuberculosis
Second, (Immediate,) Hemiplegia & Exhaustion

*Duration of last Sickness,* At last Week

All the above information should be furnished by the Physician.

*Place of Burial,* Hampden Bat Co

*Date of Burial,* June 25th 1882

*Undertaker,* Thad T Scriven

*Place of Business,* 270 W Eutaw St

J B Brune M. D
Medical Attendant.

*Address,* 365 N. Charles St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 37676 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

57676

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

*Date of Death,* June 25 1882

*Full Name of Deceased;* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenze Geo

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* ~ *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 30 a bey st

*Cause of Death,* First, (Primary.) Teething

Second, (Immediate.) Cholera Inf

*Duration of Last Sickness,* 10 day

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 26

Geo. N. Dixon M.D.,
Medical Attendant.

*Undertaker,* B. Pearl

*Place of Business,* 92 West St *Address,* 104 Hanover st City

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5776 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1882 BALTIMORE

57677

# CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanna Egan

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ..... *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } No. 99½ Wolfe St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Collapse

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* June 29th

*Undertaker,* John Funk

*Place of Business,* 24 & Wolfe

J. T. Hall, M. D.,
Medical Attendant.

*Address,* 34 E. Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

51678

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1882 BALTIMORE

*Date of Death,* June 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jenny Thompson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 22 48 *Years,* — *Months,* — *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* Sailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Hanover

*Duration of Residence in the City of Baltimore,* abt 22 Years

*Place of Death,* {Give street and Number.} 239 S Broadway

*Cause of Death,* First, (Primary,) 3 Intemperance

Second, (Immediate,) 3

*Duration of Last Sickness,* abt one week

All the above information should be furnished by the Physician.

*Place of Burial,* East Baltimore Cemetery

*Date of Burial,* June 25

*Undertaker,* Jno Coleman

*Place of Business,* City Hall

Chas M. Wright M. D.,
Coroner & Medical Attendant.

*Address,* No 67 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57679

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1892 BALTIMORE

*Date of Death,* June 24 92

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna King

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 287 Aisquith St

*Cause of Death,* First, (Primary,) Luer congenita

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick's

*Date of Burial,* June 25th 92

*Undertaker,* G. Krance

*Place of Business,* Pansy & Wood *Address,* 275 E. Baltimore

J. Fatkin M.D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57680

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Filbingen

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* Two *Years,* Eight *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ~~—~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} No 102 N. Chapel St

*Cause of death,* First, (Primary,) ....

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Twenty Four Hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Lyon

*Date of Burial,* June 26th 82

*Undertaker,* G. Francis

*Place of Business,* Bonk & Hoffs, *Address,* No 102 N. Broadway

Jno H Clendinen M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57681 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 25 1882 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* June 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary V. Staab

*~~Sex, Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 9 *Days.*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* 9 days

*Place of Death,* {Give street and number.} No 58 S. Cent Av.

*Cause of Death,* First, (Primary.) 1

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* June 25th 82

Wm H Stone M.D.,
Medical Attendant.

*Undertaker,* G. Frank

*Place of Business,* Bands & Wolf *Address,* 184 E. Balto St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

*Permit No.* 5768 2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUN 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 23rd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Bernard McSally

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 19 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,* Clerk

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* 19 years

*Place of Death,* { Give street and number. } Madison & Consolation & S

*Cause of Death,* { First (Primary,) Stab by sword. / Second (Immediate,) }

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* June 25-1882

*Undertaker,* Jas O Byrne

*Place of Business,* 63 Hanover *Address* Corner

H H Connely *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 57623 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57623

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1893 BALTIMORE

*Date of Death,* June 26

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alfred Archer Wadeltmo

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 11 *Months,* ..... *Days,*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore County

*Duration of Residence in the City of Baltimore,* 5 Mts

*Place of Death,* { Give street and Number. } 9 Weber St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Northern B.G.

*Date of Burial,* June 26

*Undertaker,* B. Clark

*Place of Business,* 52 West

C. H. Ellis M. D.,
Medical Attendant.

Address, 313 Light, H

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57684

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Butz

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* ~~~~ *Years,* 2 *Months,* 10 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 33 Stockholm St

*Cause of Death,* First, (Primary,) Excessive Heat

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 26

*Undertaker,* B Thiel's

*Place of Business,* 62 West St

Geo. H. Dimm M. D.,
~~Medical Attendant~~

Address, Comm of Health

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 07685

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Bachman

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Fem

*Age,* 37 *Years,* —— *Months,* —— *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 22 years

*Place of Death,* {Give street and number} Cor Lombard & Concord St - Sth

*Cause of Death,* First, (Primary,) ——

Second, (Immediate,) Cardiac Dropsy

*Duration of last Sickness,* Six weeks — Was only in attendance 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Saint Paul Grave Yard

*Date of Burial,* June the 26

*Undertaker,* J. H. Rice

*Place of Business,* 858 W. Pratt st

Jno Benzine M. D.
Medical Attendant.

*Address,* 1 E Fayette & Bath St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

PRINTERS AND STATIONERS.

Permit No. 5/686 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57686

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

*Date of Death,* June 24th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John George Endress

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 70 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laboser

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* Twenty - eight years.

*Place of Death,* {Give street and Number.} # 214 Canton Avenue

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) accompanied by old age.

*Duration of Last Sickness,* Eleven days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mont Carmel Cem.

*Date of Burial,* June 26 1882 John A. Ehlenz M. D.,

Medical Attendant.

*Undertaker,* Julius Haack.

*Place of Business,* 240 S. Bond St. *Address,* # 243 Aliceanna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57687 Office of Registrar

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57687

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 26 1882 BALTIMORE

*Date of Death,* June 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter A. Ervis

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 11 *Months,* 11 *Days,*

*Color,* Mulatto

*~~Married,~~ Single, ~~Widow or Widower.~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 179 S. Sharp St. near York St

*Cause of Death,* First, (Primary,) Hernia.

Second, (Immediate,) Strangulation of Hernia

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemy

*Date of Burial,* June 26/82

Wm Gonbel M. D.,

Medical Attendant.

*Undertaker,* Jacob Jones

*Place of Business,* Address, 179 S. Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5768 Office of Registrar of Vital Statistics. Date

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

5768

HEALTH DEPARTMENT JUN 26 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 25th. June 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabetha. Schlauch.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 6 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,* ~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during Lifetime

*Place of Death,* {Give street and number.} S. Durham Street 88

*Cause of death,* First, (Primary,) Convulsions

Second, (Immediate,)

*Duration of Last Sickness,* 14 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Grn

*Date of Burial,* June 26th

*Undertaker,* W. Dippel

*Place of Business,* S. Bond st. 161

William Henkel M. D.,

Medical Attendant.

*Address,* S. Wolfe & Ms.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 3760 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 26 1892 BALTIMORE

57689

# CERTIFICATE OF DEATH.

*Date of Death,* June 24

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Harnischfeger

*Sex, Female,* { Cross out the word not required in this line. }

76 *Years,* *Months,* *Days.*

White

*Color, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Alsbers.

*Duration of Residence in the City of Baltimore,* 30 years.

*Residence of Death,* { Give street and number. } No. 1. S. Durham st

*Cause of Death,* { First, (Primary.) Cancer Left Breast
Second, (Immediate.) Inattention }

*Duration of Last Sickness,* 3. months.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mythonicus Cem.

*Date of Burial,* June 26th

*Undertaker,* Wendel Dippel

*Place of Business,* N. Bond st. 159

Geo. W. Bartleman M.D.,
Medical Attendant.

*Address,* 1 Lanvale st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 17670 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1892

5-7690

# CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henning Powell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* ..... *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} B. Co.

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and Number.} 27 Dorcas st.

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* June 26th

*Undertaker,* Wendell Duffy

*Place of Business,* 1. Bond st. 151

Geo. L. Watkins M. D., Medical Attendant.

*Address,* 77 Lo. Wendy

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57691 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1882 BALTIMORE

57691

# CERTIFICATE OF DEATH.

*Date of Death,* June 24th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Glenn

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 18 Warner St

*Cause of death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Sudden

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* June 26th 1882

*Undertaker,* John Thatcher

*Place of Business,* No 150 Lemmon St

J. H. Hurley M. D.,
Medical Attendant.

*Address,* 74 St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5769 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person during last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 25 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander J. Silbermiah

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 1 *Months,* 25 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 617 Hanover Sh

*Cause of Death,* First, (Primary,) Heat & Artificial Food

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shel Scholam Congregation

*Date of Burial,* June 26th 82

*Undertaker,* Ernst Klemm

*Place of Business,* 265 [illegible] Address, 146 Hanover sh

Thomas Opie M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57693 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57693 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 26 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 24 th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinda Lawn

*Sex, Male or Female,* {Cross out the word not required in this line.} Fe Male

*Age,* 65 *Years,* 0 *Months,* 0 *Days.*

*Color,* Dark brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Labor

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Accomac Co (Va)

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number.} No 9 S Gay st

*Cause of Death,* First, (Primary.) Unknown

Second, (Immediate.) Uterine Haemorhage

*Duration of Last Sickness,* 6 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 26

*Undertaker,* H ROSS

*Place of Business,* 95 Gonway st

B F Bohner M.D.,

Medical Attendant.

*Address,* 1 Dr Druid Hill & Pulton

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1882 BALTIMORE

57694

# CERTIFICATE OF DEATH.

*Date of Death,* June 20th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Hackman

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* ..... *Months,* 19 Hours Days

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* { Give street and Number. } 412 Lexington St

*Cause of Death,* { First, (Primary,) Premature birth at 7 months - want of vitality / Second, (Immediate,) }

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* June 26th 1882

*Undertaker,* Joseph H. Corn

*Place of Business,* 707 West Baltimore Address,

W. F. A. Kemp M. D., Medical Attendant.

15 N. Green St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1882 BALTIMORE

57695

# CERTIFICATE OF DEATH.

*Date of Death,* 25-June/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml E. Sutton

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 4 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

*Duration of Residence in the City of Baltimore,* 18 days

*Place of Death,* {Give street and number.} 238 Saint St.

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 26 1882

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore *Address,* 443 Franklin St

A. F. Hill *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57696

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* June 26, 1882

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Bickerd

*Sex,* ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

*Age,* 53 *Years,* — *Months,* 15 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Lady

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 27 or 28 years

*Place of Death,* {Give street and number} 10 N. Gilmore st

*Cause of Death* { First, (Primary,) Some heart trouble (probably)
Second, (Immediate,) Flatulent Colic

*Duration of last Sickness,* about 15 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 27 1882

John H. Hood M. D.
Medical Attendant.

*Undertaker,* J H Cook

*Place of Business,* 707 W. Baltimore *Address,* 322 Hollins st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1882 BALTIMORE

57697

# CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John W Eudrel

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* — *Years,* Six (6) *Months,* — *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Brooklyn

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } Belair Ave opposite Elmtree Park

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate,) Eclampsia

*Duration of Last Sickness,* Four (4) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* June 27th

*Undertaker,* Geo. Schilling

*Place of Business,*

D. Wilson M. D.,
Medical Attendant.

*Address,* Cor Bayard & Carolina Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 57698 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57698

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 26 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 25th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas E Brockway

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 6 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} S E Cor Jefferson & Bethel Sts

*Cause of Death,* First, (Primary.) .....

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Balto

*Date of Burial,* June 26

*Undertaker,* Geo Schilling

*Place of Business,* .....

Geo. P. Dunn M.D.,
Medical Attendant.

*Address,* Com of Health

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57699

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 25, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Matilda Langhurst

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 25 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 332 Bank Street

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. County

*Date of Burial,* June 27 at 1 o'clock

*Undertaker* D. Mueller

*Place of Business,* 21 Harrison St

b. St. Thomas M. D.,

Medical Attendant.

*Address* 66 E. Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57700 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57700 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* June 24 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Valentine

*Sex,* ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* W

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 210 Dover St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pub Cem

*Date of Burial,* June 26th

*Undertaker,* C A Kershner

*Place of Business,*

Geo. W. Emerson M.D.,
Medical Attendant.

*Address,* Com of Health

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57701 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57701

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

*Date of Death,* June 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene H. Fowler

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 2 *Months,* 11 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* {Give street and Number.} [illegible]

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Scarlatina

*Duration of Last Sickness,* Five Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* June 26th 1882

*Undertaker,* Timmy & Mitchell

*Place of Business,* 65 S Broadway *Address,* [illegible]

[illegible] M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57702 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

57702

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

*Date of Death,* June 24 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Duncan

~~*Sex, Male,*~~ *Female,* { Cross out the word not required in this line. }

*Age,* 8 *Years,* 6 *Months,* 18 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } 245 Hanover St

*Cause of Death,* First, (Primary.) Rheumatism

Second, (Immediate.) Peri-Carditis

*Duration of Last Sickness,* 21 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 26/82

*Undertaker,* Austin & Penny

*Place of Business,* 263 Light

H. B. Noble M.D.,
Medical Attendant.

*Address,* 57 Hanover ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1882 BALTIMORE

57703

# CERTIFICATE OF DEATH.

*Date of Death,* June 23rd 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hellen Picola

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and Number.} 166. North Bond Street.

*Cause of Death,* First, (Primary,) Pulmonary Consumptions

Second, (Immediate,) "

*Duration of Last Sickness,* 9 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* June 26/82

*Undertaker,* Fry & Rue

*Place of Business,* 61 W Broadway

J. C. Hummer M. D.,
Medical Attendant.

Address, 231 N Fremont St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1882 BALTIMORE

57704

# CERTIFICATE OF DEATH.

*Date of Death,* June 25. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gleudy S. Windsor

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Watchmaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 399 E. Lombard St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* M E Cemetery Philada Road

*Date of Burial,* June 28/82

*Undertaker,* Fry & Co

*Place of Business,* 57 W Broadway

G. A. Cook M. D., Medical Attendant.

*Address,* Balto Md

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57705

HEALTH DEPARTMENT JUN 26 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 25 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis McCloskey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 7 *Months,* *Days.*

*Color,* wht

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 98 Richmond

*Cause of death,* First, (Primary,)

Second, (Immediate,) Odema of lungs.

*Duration of Last Sickness,* 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* June 27th

*Undertaker,* Chas. T Screven

*Place of Business,* 271 N Eutaw

G Lane Tanyhill M. D.,
Medical Attendant.

*Address,* 129 N. Bedale

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57706

# CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Stewart

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 69 *Years,* 6 *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Cecil Co Md.

*Duration of Residence in the City of Baltimore,* 7 years.

*Place of Death,* {Give street and number} 441 E Fremont St

*Cause of Death* {First, (Primary,) Rheumatism

{Second, (Immediate,) Pleurisy

*Duration of last Sickness,* 6 Mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cy

*Date of Burial,* June 26th 1892

*Undertaker,* Stewart & Morrison

*Place of Business,* 35 Park Ave

Chas. H. Riley M. D.
Medical Attendant.

*Address,* 306 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57707

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

*Date of Death,* June 26 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. M. Berlinska

*Sex, Male or Female,* { Cross out the word not required in this line. } female

*Age,* ____ *Years,* 6 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Inf

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 2 Back n

*Cause of Death,* { First, (Primary,) Cholera Infantum / Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial* St Vincents Cemetery

*Date of Burial,* June 27 1882

*Undertaker,* James S Byrne

*Place of Business,* No 63 So Front

D. Steell M. D.,

Medical Attendant.

*Address,* 1143 N Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57708

# CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Graf

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 160 N. Front

*Cause of death,* First, (Primary,) Probably Cholera Infantum

Second, (Immediate,) Exhaustion,

*Duration of Last Sickness,* 20 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Cheltenham Cemetery

*Date of Burial,* June 26th

*Undertaker,* John C. Browne

*Place of Business,* 19 Fayette st

Geo. R. Lyons M. D.,
Medical Attendant.

*Address,* Calvert & Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57709 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* June 25 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta E Sanders

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 5 Months, 17 Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 348 ~~Hanover~~ St Sharp St

*Cause of Death,* First, (Primary,) Heat & Orthopnoea Forced

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 26th 1882

*Undertaker,* Julius Koehler.

*Place of Business,* Sharpe Street Address, 146 Hanover St

Edward Bond & Co M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

*Permit No.* 57710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* ~~Amelia Boyer~~ June 25 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Boyer

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* 78 *Years,* ✗ *Months,* ✗ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Russia

*Duration of Residence in the City of Baltimore,* Six months

*Place of Death,* {Give street and number} 28 Stanton Sheet

*Cause of Death* { First, (Primary,) Bright's disease
, { Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Fell Point

*Date of Burial,* June 26 1882

*Undertaker,* H. Goldsmith

*Place of Business,* High St corner

A Friedenwald M. D.
Medical Attendant.

*Address,* 88 N Eutaw Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57711

# CERTIFICATE OF DEATH.

*Date of Death,* June 25 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ashby Reidhammer

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 15 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Errand boy

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 5 Russell St.

*Cause of death,* First, (Primary,) Injury to head

Second, (Immediate,) Meningitis

*Duration of Last Sickness,* On arrival

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* June 27th 1882

*Undertaker,* C. F. Kramer

*Place of Business,* *Address,*

D. Gilchrist M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5772

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

5772

# CERTIFICATE OF DEATH.

*Date of Death,* 25th June 10 minutes Past one

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. L. Hilleary

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* 3 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Child

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give street and number} 323 Druid Street

*Cause of Death,* First, (Primary.) Effusion Pleura Or Brain

Second, (Immediate.) ____

*Duration of last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western | Western Cemetery

*Date of Burial,* June 26th. | D. C. Richardson M. D.

*Undertaker,* J. B Cook. | Medical Attendant.

*Place of Business,* ____ | Mr Cook

*Address,* Lombard & Fremont Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 57713 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57713

# CERTIFICATE OF DEATH.

*Date of Death,* June 25: 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry C. Carroll

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 12 *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} No. 345 W. Fayette St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Seventeen hours

All the above Information should be furnished by the Physician.

*Place of Burial* Loudon Park Cem

*Date of Burial,* June 26 "1882

Chas. W. Reff M. D.,
Medical Attendant.

*Undertaker,* Emmy & Mitchell

*Place of Business,* 530 W. Fayette *Address,* 306 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 21,144 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57714

# CERTIFICATE OF DEATH.

*Date of Death,* June 25th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Elizabeth Slosse

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 9 *Years,* ..... *Months,* ..... *Days,*

*Color,* .....

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 149 S. Chappel St.

*Cause of Death,* First, (Primary,) Unknown. Found case "in articulo Mortis." Probably Variola,

Second, (Immediate,) .....

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's Cem.

*Date of Burial,* June 26th

*Undertaker,* G. Frank

*Place of Business,* Bank & Mo. *Address,* # 243 Aliceanna St.

John H. Kehlenger M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57715

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57715

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* June 24

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant.

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* ..... *Months,* 6 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number. } 2 Selvin St. Cross & Wash.

*Cause of Death,* { First, (Primary.) ..... Second, (Immediate.) Enteritis

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St.

*Date of Burial,* June 26

*Undertaker,* C W Chase

*Place of Business,* .....

Geo. W. Denson M.D.,
Medical Attendant.

*Address,* Com of Health.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*Permit No.* 5716

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Downy

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 26 Oxford st

*Cause of Death* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel.

*Date of Burial,* June 26

*Undertaker,* J W Chase

*Place of Business,*

J Harvey Hill *M. D.*
Medical Attendant,

*Address,* 119 Edmondson Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 57777

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUN 25 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 25. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Henry Wilmore

~~Sex,~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months,* — *Days.*

*Color,* colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} —

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} No. 52 S. Chapel St.

*Cause of Death,* First (Primary,) Convulsions

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas St

*Date of Burial,* June 26th

*Undertaker,* J. Lorko

*Place of Business,*

J. D. Fiske M.D.

Medical Attendant.

*Address* No. 334 E. Pratt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57718

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* June 26 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine May

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* 3 *Days.*

*Color,* White

*~~Married, Single, Widow or Widower,~~* {~~Cross out the word not required in this line.~~}

*~~Occupation,~~*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 245 Baltimore Ave

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Small Pox

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* June 28th 1882

*Undertaker,* P. F. Lorchner

*~~Place of Business,~~* Public undertaker

Geo. W. Jenkins M.D.,
Medical Attendant.

*Address,* Bd. of Health

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57719 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

57719

# CERTIFICATE OF DEATH.

*Date of Death,* 25th of June

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gusty Locks

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 191 Front St.

*Cause of Death,* First, (Primary.) Scharlet fever

Second, (Immediate.) .....

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park City

*Date of Burial,* June 26th

*Undertaker,* McColeman.

*Place of Business,* .....

Geo. N. Emmert M.D.,
Medical Attendant.

*Address,* Com. of Health

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 26 2 1882 BALTIMORE MD.

57720

# CERTIFICATE OF DEATH.

*Date of Death,* June 24

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Smith

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 22 *Years,* — *Months,* — *Days.*

*Color* Red

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number} 104 N. Dallas St

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas St Cemetery

*Date of Burial,* June 26th 1882

*Undertaker,* Shew J. Lee & Co

*Place of Business,* 718 Jefferson St

F. D. Clark M. D.
Medical Attendant.

Address, Druid Lane & Baltimore
N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

5-7721

# CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie L. Murray

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 10 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 10 days

*Place of Death,* {Give street and Number.} 180 Hanover St

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) "

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 26th. Chas. Bell M. D.,

*Undertaker,* F. N. Frolk ~~Medical Attendant~~ Coroner 3rd Dist.

*Place of Business,* 131 Hanover St *Address,* 180 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57722

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 26 1882 BALTIMORE

*Date of Death,* June 24 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Doyle

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 45 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } M. & R. R. near Boundry Av

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Dilvecation of Heart from a fall

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub Cemty

*Date of Burial,* June 25/82

*Undertaker,* Fred A Kuchmer

*Place of Business,* 150 S Caroll Av

Alexander Smeley M. D.,
~~Medical Attendant~~.

Address, Conn

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 47723

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

RECEIVED JUN 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 25 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine M. Neal

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 63 *Years,* 4 *Months,* 18 *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Frederick City Md.

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give street and number.} 63 Lawrence St

*Cause of Death,* First, (Primary.) Paralysis

Second, (Immediate.) "

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balti Cem. Co

*Date of Burial,* June 27th 1882

*Undertaker,* M A Blair

*Place of Business,* 74 S. Broadway

J. H. Wilson M.D.,
Medical Attendant.

*Address,* 431 Penn. Ave.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**Permit No.** 57724

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Louisa Kiesler

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give street and number.} 320 N. Fremont Street

*Cause of Death,* First (Primary,) Nervous Shock

Second (Immediate,) Albuminuria

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* June 27th 1882

*Undertaker,* M A Farson

*Place of Business,* 74 S. Broadway

L L MacKenzie M. D.
Medical Attendant.

*Address* 67 Franklin Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57725

# CERTIFICATE OF DEATH.

*Date of Death,* June 23- 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lisa Sing.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 4 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Nursery & Child's Hospital

*Cause of Death,* First, (Primary,) Cholera - Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 3 Days -

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 24

*Undertaker,* C. H. Blizzard

*Place of Business,* 198 Penn ave *Address,*

C. T. Bryan M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57726

# CERTIFICATE OF DEATH.

JUN 26 1882 BALTIMORE

*Date of Death,* June 24th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Barton

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ..... *Years,* 4 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maternity —

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } Nursery & Child's Hospital

*Cause of Death,* First, (Primary,) Mal-nutrition

Second, (Immediate,) Atrophy

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Fowden's

*Date of Burial,* June 27th

*Undertaker,* C. H. Blizzard

*Place of Business,* 178 Penn

E. J. Brown M. D.,

Medical Attendant.

*Address,* .....

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5772

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

5772

# CERTIFICATE OF DEATH.

*Date of Death,* June 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George T. Augustin

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* — *Months,* *Days.*

*Color,* W

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 196 Dolphin Street

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate.) Worn Nature

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 27

*Undertaker,* C. H. Higgins

*Place of Business,* 198 Baker *Address,*

H. Clinton McSherry M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17728

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* June 24 / 88

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Thornton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~——~~ *Years,* 9 *Months,* ~~——~~ *Days.*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~——~~

*Occupation,* ~~——~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 57 St Paul St

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Cholera Infantum

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* U Pub Cem

*Date of Burial,* June 26

*Undertaker,* McColeman

*Place of Business,*

Thos. J. Ward M.D.,
Medical Attendant.

*Address,* 127 St Paul St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 37724

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* June 25/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Ritchfield

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 7 *Months,* 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Mathews Co Va

*Duration of Residence in the City of Baltimore,* 4 Month

*Place of Death,* {Give street and number.} 37 St Paul St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Hydrocefaloid

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Pub Cem

*Date of Burial,* June 26

*Undertaker,* M Coleman

*Place of Business,*

Thos J Ward M.D.,

Medical Attendant.

*Address,* 127 St Paul St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57730

HEALTH DEPARTMENT JUN 27 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Fold

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } Boy

*Age,* ..... *Years,* 11 *Months,* ~~11~~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* always lived here

*Place of Death,* { Give street and number. } 182 Fort ave

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

*Duration of Last Sickness,* Saw it one hours before death

All the above information should be furnished by the Physician.

*Place of Burial,* Ft Holgens C.

*Date of Burial,* June 27

*Undertaker,* B. H Hearn

*Place of Business,* 52 West St

L. B. Pacette M. D.,

Medical Attendant.

*Address,* Fort Ave & Johnson St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Burial Permit Robert Fold 4 lots in Baltimore Cem

Permit No. 57731 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57731

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1 1882 BALTIMORE

*Date of Death,* June 29th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Kilpatrick.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — / *Months,* — *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,* Life —

*Place of Death,* {Give street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First, (Primary,) Dysentery.

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* Seven days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 27/82

*Undertaker,* Pat. Hart —

*Place of Business,* Fawcett and Irwin

R. McSherry Goldsmith M. D.,
Medical Attendant.

*Address,* Harlem av. Calhoun st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57732

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 26 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infan not named, give name of parents.} John Hass

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~——~~ *Years,* 8 *Months,* 2 *Days.*

*Color,* ~~——~~

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} Cor Calvert & Frederick Roads

*Cause of death,* First, (Primary,) Entero-colitis

Second, (Immediate,) Eclampsia

*Duration of Last Sickness,* 3 7/5 ~~——~~

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery,

*Date of Burial,* June 27. 1882

*Undertaker,* John P Paulus

*Place of Business,* No 661 Ave, *Address,* 642 W. Fayette St

C. C. McDowell M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57733

HEALTH DEPARTMENT JUN 1 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 26, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Katherine E. Pellender

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... 1 *Months* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 4 S Payson ave

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 27 1882. Chas. Bosley M. D.,

*Undertaker,* John P. Pantus Medical Attendant.

*Place of Business,* No 66 Frederick *Address,* 919 N Gilmor

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57734

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57734

# CERTIFICATE OF DEATH.

*Date of Death,* June 26 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Rivon

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* 2 *Months,* 13 *Days.*

*Color,* Ed

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} N. Vincent alley.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} N Vincent alley

*Cause of Death,* First, (Primary,) Inanition

Second, (Immediate,)

*Duration of last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 27th

*Undertaker,* Henson & Sephen

*Place of Business,* 13 Druid Hill Ave.

G. W. Voris M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(CT 48.)

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57735

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

*Date of Death,* June 26th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena L. Schaffer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 363 S. Eutaw

*Cause of death,* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial* June 27th 1882

*Undertaker,* Julius Koehler

*Place of Business,* Sharpe Green St

A. C. Burch M. D.,
Medical Attendant.

*Address,* 15 W Hamer St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 07756

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

57736

# CERTIFICATE OF DEATH.

*Date of Death,* 26th June 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nellie V Brown

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* Years, 9 Months, 2 Days.

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balt

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* { Give street and number. } Mortuary No 6

*Cause of Death,* First, (Primary.) Convulsions

Second, (Immediate.)

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* January 1882

*Undertaker,* Jos B Cook

*Place of Business,* No 707 N Gilmor Street *Address,* 2 [illegible]

[illegible] M.D.,
Medical Attendant.

HEALTH JUN 27 1 1882 BALTIMORE

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 77 [illegible] Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57737

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olliver A. Shibley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~ *Years,* 9 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 677 W. Dayton St

*Cause of death,* First, (Primary,) Enteritis

Second, (Immediate,) ~

*Duration of Last Sickness,* Nineteen days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* June 27th 1882

*Undertaker,* S. M. Leonard & Son

*Place of Business,* 782 W Baltimore St *Address,* 304 Carrollton Ave

John Neff M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57738 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57738 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 27 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 26th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Maria Ruberg

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 91 *Years,* 11 *Months,* 21 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 146 N Lanvale St

*Cause of Death,* First, (Primary.) Old age

Second, (Immediate.)

*Duration of Last Sickness,* 3 or 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster Grd

*Date of Burial,* June 27th 1892

*Undertaker,* Henry Justice Son

*Place of Business,* 758 Park St

Reggie Backer M.D.,
Medical Attendant.

*Address,* 135 N Charles St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57739

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

*Date of Death,* June 26

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Schwarz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 10 minutes *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Nil

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 127 North St

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 127 North St

*Cause of Death,* First, (Primary,) Pneumonia Cong. [illegible]

Second, (Immediate,) Asphyxia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 27-1882

*Undertaker,* Lizzie Brooks

*Place of Business,* 127 North St

D Steel M. D.,
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5/140 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57740

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* ..... mu 26th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry R. Böckler & Louisa

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ..... *Years,* 10 mos *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Infant

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } 181 N. Carey St. Balto. Md.

*Duration of Residence in the City of Baltimore,* 10 mos

*Place of Death,* { Give street and number. } 181 N. Carey St

*Cause of Death,* First, (Primary.) Convulsions

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* 1 wk

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* June 28th 1882

*Undertaker,* Rau & Bartels

*Place of Business,* 62½ [illegible] Balt

L L Billing M.D.,
Medical Attendant.

*Address,* 467 W. Fayette St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 577 44 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara E. Schroeder

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 90 *Years,* 5 *Months,* *Days,*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 50 years.

*Place of Death,* {Give street and Number.} 121 South Washington St

*Cause of Death,* First, (Primary,) Old age

Second, (Immediate,) general exhaustion

*Duration of Last Sickness,* About six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* June 28th 92

*Undertaker,* G. France

*Place of Business,* Bantz & Wolf's

Milton N. Taylor M. D., Medical Attendant.

Address, Broadway & Mc Elderry St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

57742

# CERTIFICATE OF DEATH.

*Date of Death,* 26th. June 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliett Suppert.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ~~—~~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~—~~

*Occupation,* ~~—~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give street and number.} Lancaster 94.

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) 4 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* June 27th 82

*Undertaker,* G. France

*Place of Business,* Bank & Wolf

William Henkel M. D.,
Medical Attendant.

*Address,* S. Wolfe & 11th.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted* [illegible] that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57743

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 27 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilmer Charles Meyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* one *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Infant

*Occupation,* "

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* {Give street and number.} 382 Lanvale Ave.

*Cause of Death,* First, (Primary.) Hot weather

Second, (Immediate.) ~~18 hours~~ Collapsus

*Duration of Last Sickness,* 18 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* June 27

*Undertaker,* Walter Immel

*Place of Business,* 315 West Biddle St

H. H. Christian *M.D.,*
Medical Attendant.

*Address,* 431 Lanvale Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause aud date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

5-7744

HEALTH DEPARTMENT JUN 27 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Washington Ferrall

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* about 75 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Cook

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} St Mary's Co Md.

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and number.} 62 Wilson al

*Cause of death,* First, (Primary,) Typhoid fever

Second, (Immediate,)

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* June 27th

*Undertaker,* Wm H. Bishop

*Place of Business,* 97 Druid Hill Ave.

R. C. Lee M. D.,
Medical Attendant.

*Address,* Harbour Bank

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57745

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Charles Leuchter

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } X X X

*Occupation,* X X X

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 173 S. Edey Road

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Eclampsia

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial* Mount Carmel

*Date of Burial,* June 27th 92

*Undertaker,* M. Lumby

*Place of Business,* No 35 Bank Address, 2996 Baltimore St

James Donnelly M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, race and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. [illegible] Office of Registrar of Vital Statistics. Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1892 BALTIMORE

57746

# CERTIFICATE OF DEATH.

*Date of Death,* June 26th, 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Burtlett

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 24 *Years,* [illegible] *Months,* [illegible] *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 24 Years

*Place of Death,* { Give street and Number. } 20 E. Biddle Street

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) One Day

*Duration of Last Sickness,* [illegible]

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Pauls Cemetery

*Date of Burial,* June 28th 1892

*Undertaker,* H. H. Gilmeyer

*Place of Business,* 341 Eastern Ave.

[illegible] M. D.,
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2 *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57747

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Eilers

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~Years,~~ 6 *Months,* ~~Days,~~

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} No 60 N. Durham st

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* June 28 1882

*Undertaker,* John Herwig

*Place of Business,* 352 Colvans St

Thomas B. Evans M. D.,
Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57748 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

57748

# CERTIFICATE OF DEATH.

*Date of Death,* June 26. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Jos. Litz.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 83 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* brewer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bavaria

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give street and number.} 132 Saratoga street.

*Cause of death,* First, (Primary,)

Second, (Immediate,) old age.

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* June 28 1882

*Undertaker,* A Rosenberger

*Place of Business,* 70 Mulberry st

John J. Litzer M. D.,
Medical Attendant.

*Address,* 160 Saratoga Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57749

HEALTH DEPARTMENT JUN 27 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 24

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Victoria Hall

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ..... *Years,* 2 *Months,* ..... *Days,*

*Color,* Black.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State on country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } 1795 Sharp. St

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) Cholera infantum.

*Duration of Last Sickness,* .....

All the above Information should be furnished by the Physician.

*Place of Burial,* W Pub Ce

*Date of Burial,* June 27th

*Undertaker,* F A Kerchner

*Place of Business,* .....

Geo. W. Emerson M. D., Medical Attendant.

*Address,* Board of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Duplicate

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended him or her in his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1912 BALTIMORE

5-7750

# CERTIFICATE OF DEATH.

*Date of Death,* June 27, 1887

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Huber

*Sex. Male or Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 36 years

*Place of Death,* {Give street and number.} 80 Abbot St

*Cause of death,* First, (Primary,) Age

Second, (Immediate,)

*Duration of Last Sickness,* Several months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 29, 1887

*Undertaker,* Henry Hyatt

*Place of Business,* 329 Central Ave *Address,* 317 N Broadway

J M White, *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57751 No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

*Date of Death,* June 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara D. Kendel

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 30 *Years,* 5 *Months,* 26 *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 110 Somerset St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) asthenia

*Duration of Last Sickness,* about one year

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* June 28, 1882

*Undertaker,* Henry Hoop

*Place of Business,* 30 Hanover st *Address,* 257 Maryland Ave

H. Grimes M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57752

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

*Date of Death,* June 27. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Bartol

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 90 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Co. Md.

*Duration of Residence in the City of Baltimore,* 70 years

*Place of Death,* {Give street and Number.} 219 Aisquith St.

*Cause of Death,* First, (Primary,) Senility

Second, (Immediate,) Haematemesis

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial* Green Mount

*Date of Burial,* June 28th

*Undertaker,* Geo. Schilling

*Place of Business,* ..... *Address,* 305 N Caroline St

Geo. A. Norton M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

57753

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

*Date of Death,* June 27, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte A Blades

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Ever Grat

*Place of Death,* {Give street and number.} 26 S. Eden St.

*Cause of death,* First, (Primary,) Acute Rheumatism

Second, (Immediate,) Cerebral Softening

*Duration of Last Sickness,* About 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Talbot County Md

*Date of Burial,* June 28th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway *Address,* 367 S Broadway

J H White, M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57754

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

*Date of Death,* June 26th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daul Henry Rich

*Sex,* Male ~~or Female~~, { Cross out the word not required in this line. }

*Age,* — *Years,* 3 *Months,* 6 *Days.*

*Color,* 2d

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } 3 mo

*Duration of Residence in the City of Baltimore,* 2 mo

*Place of Death,* { Give street and Number. } 65 S Charles St

*Cause of Death,* First, (Primary,) Diarrhoea

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 27th 1882

*Undertaker,* Thos. S. Hughes

*Place of Business,* 60 E Baltimore *Address,* 357 Franklin St

H Branham M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 53

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

57755

# CERTIFICATE OF DEATH.

*Date of Death,* June 25 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Poisal

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Minister

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 186 N Calvert St

*Cause of death,* First, (Primary,) Heart Disease

Second, (Immediate,) Debility of Nature

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* June 27th 1882

*Undertaker,* John S Thacher

*Place of Business,* No 150 Lanvale St

I H Latimer M. D.,
Medical Attendant.

*Address,* 25 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5775[illegible]

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

5-7756

# CERTIFICATE OF DEATH.

HEALTH DEPT. JUL 2 1882 BALTIMORE

*Date of Death,* June 26, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Carson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 28 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 287 Columbia Ave.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Cholera Infantum

*Duration of Last Sickness,* 10 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* June 28th 1882

*Undertaker,* John Mueller

*Place of Business,* 1015 Lombard

H. W. Holmes *M.D.,*

**Medical Attendant.**

*Address,* 298 W. Lombard St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5775

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

57757 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Prichard

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 25 *Years,* *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Cook

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give street and Number.} # 106 N Regester St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* City Cemetery

*Date of Burial,* June 25th 82

*Undertaker,* Jno Coleman

*Place of Business,* City Hall

Chas. W. Denson M. D., Medical Attendant.

Address, Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ref. to City Register.

Permit No. 21 / 135

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57758

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Albert Brion

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 24 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 122 N. Spring St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial* Forest Cemetery

*Date of Burial* June 27 1882

*Undertaker* William Deuge

*Place of Business,* No 62 East St

E. B. Fenby M. D.,
Medical Attendant.

*Address,* Cor. Eden & Biddle Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Permit No. 7759

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Bunney

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* —— *Years,* 11 *Months,* 20 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~

*Occupation,* ~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 126 N Dallis st

*Cause of Death,* First, (Primary.) ——

Second, (Immediate.) Cholera Infantum

*Duration of Last Sickness,* a few days

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury's cemetery

*Date of Burial,* June 29 1882

*Undertaker,* William Kenny

*Place of Business,* No 625 East Baltimore st

D W Cathell M.D.,
Medical Attendant.

*Address,* 2 W Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 07760 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 25 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Legrum Williams

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 6 *Months,* ..... *Days,*

*Color,* C

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } No. 30 Boyd Street

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Lionel Cemetery

*Date of Burial,* Jan 21 1892

C. W. Neff M. D.,

Medical Attendant.

*Undertaker,* William H Lange

*Place of Business* No 62 Oost [illegible] *Address,* 306 N. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blank [illegible]

# Board of Health, City of Baltimore,

Permit No. 57761 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hanna Schmidt

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

*Age,* 25 *Years,* ..... *Months,* ..... ~~Days,~~

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } Married

~~*Occupation,*~~

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } N. E. Cor Edw & Eastern Ave

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,) .....

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem.

*Date of Burial,* June 27th 82

*Undertaker,* Wm. Sander & Son

*Place of Business,* 252 Canton Ave

Thomas P. Evans M. D.,
Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of [illegible]

3

# Board of Health, City of Baltimore,

Permit No. 57762

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. JUN 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schneider

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} No 72 S. Central Ave

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 72 S. Central Ave

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Spasm

*Duration of Last Sickness,* 3 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Comtr

*Date of Burial,* June 28. 1882.

John A Schultz M.D.,
Medical Attendant.

*Undertaker,* H. Hofmann

*Place of Business,* 63 N. Eden St; *Address,* 12 E Lexington / Eden

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further ordained and enacted*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during [illegible] last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited

# Board of Health, City of Baltimore,

Permit No. 57763 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27, 1882

*Full Name of Deceased,* (Write legibly and spell correctly. If an Infant not named, give names of parents.) Elizabeth C Tierney

*Sex, Male or Female,* (Cross out the word not required in this line.)

*Age,* ... *Years,* 3 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower.* (Cross out the word not required in this line.)

*Occupation,*

*Birthplace,* (State or country, and how long in the United States, if of foreign birth.) Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* (Give street and Number.) 83 Wilkens ave

*Cause of Death,* First. (Primary.) Cholera Infantum

Second. (Immediate.)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial* St Peters Cemetery

*Date of Burial,* June 28 1882

*Undertaker,* Jos B Bock

*Place of Business.* No 707 E Baltimore st *Address,* 319 N Eutaw

Jones Bates M. D.,

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

Permit No. 17764 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milner Barker

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 247 Gilmor St

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions,

*Duration of Last Sickness,* 10 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 27th 1882

*Undertaker,* Wm J Locke

*Place of Business,* 473 Jefferson St

J J Craig M. D.,
Medical Attendant.

*Address,* 13 E. Lee St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Permit No. 3 17765

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* 25 of June

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Elisabeth Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 152 Dallas St.

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) ~~Cerebro Ileit~~

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas St. Burial

*Date of Burial,* June 27th

*Undertaker,* Charles A White

*Place of Business,* .....

Geo. W. Brown M.D.,

~~Medical Attendant~~

*Address,* Bd of Health

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3

# Board of Health, City of Baltimore,

Permit No. 57766

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* 26 of June

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dunn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* She was Blind

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 21 years

*Place of Death,* {Give street and number.} 53 S Canal St

*Cause of Death,* First, (Primary.) old Age

Second, (Immediate.)

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* 28 of June

*Undertaker,* Mc Clark

*Place of Business,*

Geo. W. Dixon M.D.,

Medical Attendant.

*Address,* Cor. of Health

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 17767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Douglass Finn

*Sex, Male ~~or Female,~~* {cross out the word not required in this line.}

*Age,* 46 *Years,* — *Months,* — *Days.*

*Color,* Wht.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and number} Lynch & Jones, Baltimore

*Cause of Death* First, (Primary,) Worm Hemorrhage

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount.

*Date of Burial* 28th June 1882

*Undertaker,* Hall Jenkins & Son

*Place of Business,* No 75 N. Charles

F. D. Clark M. D.
Medical Attendant.

*Address,* Lynch & Jones, Baltimore
1 W Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

Permit No. 6-7768 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

*Date of Death,* June 26 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wheeler

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 55 *Years,* ..... *Months,* ..... *Days,*

*Color,* C

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Painter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 15

*Place of Death,* {Give street and Number.} Res of Md. White Lead Factory

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* W P Cem

*Date of Burial,* June 27

*Undertaker,* F A Kirchner

*Place of Business,* .....

C H P Ellis M. D.,
Medical Attendant.

Address, 313 Light

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-7769 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Butler

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 49 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housework

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Cor Pokpleton & Pierce St

*Cause of death,* First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion from Enteritis

*Duration of Last Sickness,* Five or Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Poplar Cemetery Baltimore Co

*Date of Burial,* 27 June 1882

*Undertaker,* P. Kummert

*Place of Business,* 317 Mulberry St

Wm Whridge M. D.,
Medical Attendant.

*Address,*

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57770 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara May Cox

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* *Days.*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~; {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Lifelong

*Place of Death,* {Give street and Number.} 27 N. Green St.

*Cause of Death,* First, (Primary,) Irritation of bowels

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial* Fremont Cemetery

*Date of Burial,* June 28/82

*Undertaker,* Chas. Rothert

*Place of Business,* 192 Fremont Ave

J. H. Hoffman M.D.,
Medical Attendant.

*Address,* 279 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

16

Permit No. 5771

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida May Meek

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 8 *Months,* 27 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 61 Clifford St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June 28, 82

*Undertaker,* Philipp J. Dill

*Place of Business,* 183 Columbia Av

A. M. Colburn M.D.,
Medical Attendant.

*Address,* 543 W. Lombard

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Th

# Board of Health, City of Baltimore,

Permit No. 57772 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E. Helmstay

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 7 *Months,* 12 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} No 21 North st.

*Cause of Death,* First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,) Spasm

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Brooklin Md

*Date of Burial.* June 28. 82

*Undertaker,* Philip J. Dill

*Place of Business,* 183 Columbia Av

C. L. Biddenbock M. D.,
Medical Attendant.

*Address,* 100 S. Paca st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57773 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E Bowne

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Eleven *Months,* ..... *Days.*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give street and number.} 217 E Pratt St.

*Cause of death,* First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* three months

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel

*Date of Burial,* June 28/82

*Undertaker,* Fry & Son

*Place of Business* 58 N Broadway

Walter Lee M. D.,
Medical Attendant.

*Address,* 9 South Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Requested.

# Board of Health, City of Baltimore,

Permit No. 67774 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Benton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Six *Months,* ——— *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Six Months

*Place of Death,* {Give street and Number.} 61 Parkin St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* June 28. 1882 C. H. Mitchell M. D.,

Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 707 N. Balto. St *Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 67775

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard G. Ford

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* 22 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Waiter Maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Cecil Co Md

*Duration of Residence in the City of Baltimore,* 14 Years

*Place of Death,* {Give street and number} No 186 Fulton St Balto

*Cause of Death,* First, (Primary,) Previous Prostration

Second, (Immediate,) Phthisis

*Duration of last Sickness,* Several Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* 29th June

John H Aldridge M. D.
Medical Attendant.

*Undertaker,* H. N Jenkins & Son

*Place of Business,* No 95 Charles St *Address,* No 186 Fulton St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blank [illegible]

# Board of Health, City of Baltimore,

Permit No. 57776 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Lee

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* 3 *Months,* ____ *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 94 Hanover st

*Cause of Death,* First, (Primary,) Death of Artificial Food

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* June 28th

*Undertaker,* Armstrong & Dem

*Place of Business,* Light & Montgomery Sts

Thomas Corke M. D.,
Medical Attendant.

Address, 146 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# 18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 28 1902 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence John Ulrich

*Sex, Male or ~~Female,~~* {cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltmd

*Duration of Residence in the City of Baltimore,* ~

*Place of Death,* {Give street and number} 15 Bontalou St

*Cause of Death* First, (Primary,) Meningitis

Second, (Immediate,) ~

*Duration of last Sickness,* Abut 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* June the 28

*Undertaker,* J. H. Ries

*Place of Business,* 858 W. Pratt St.

Robt. K. Knox *M. D.*
Medical Attendant.

*Address,* 554 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Specia[illegible]

# Board of Health, City of Baltimore,

Permit No. 57778 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27. 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Francis Chase

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 11 *Months,* *Days.*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 277 N. Eutaw St

*Cause of Death,* First, (Primary,) Rickets

Second, (Immediate.) Chronic Atrophy.

*Duration of Last Sickness,* Indefinite

All the above Information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* June 28th

*Undertaker,* Alexander Hensley

*Place of Business,* 1116 Orchard St. *Address,* 223 Madison Av

J. E. Atkinson M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

# Board of Health, City of Baltimore,

Permit No. 57179 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Kern

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 37 *Years,* 7 *Months,* 4 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Stevedore

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bavaria, Germany

*Duration of Residence in the City of Baltimore,* About 12 years

*Place of Death,* {Give street and Number.} 29 Fountain Street

*Cause of Death,* First, (Primary,) Suicide by taking Phosphorus Paste

Second, (Immediate,)

*Duration of Last Sickness,* 16 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's

*Date of Burial,* June 29th 1882

*Undertaker,* H. M. Gilmore

*Place of Business,* 341 Canton Ave

James F. O'Shaw M. D.
Medical Attendant.

Address, 814 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

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# Board of Health, City of Baltimore,

Permit No 57780

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Maria Loane

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* 86 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Holland 83 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 1992 Monument St

*Cause of Death,* {First (Primary,) Senility

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* June 29th 1882

{*Undertaker,* J. Frank Loane

*Place of Business* 654 W. Baltimore St

Irving Miller M. D.
Medical Attendant.

*Address* 1792 Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5'7781 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Cirtelle

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Stevedore

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number.} 54 Thames St

*Cause of death,* First, (Primary,) Bright's disease

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* June 28 1882

*Undertaker,* Jas O Byrne

*Place of Business,* 63 Front St

Geo. B. Reynolds M. D.,
Medical Attendant.

*Address,* Calvert & Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 57782 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Breidenbach

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 8 *Months,* 10 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 170 Dolphin st

*Cause of death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* about 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 28

*Undertaker,* F Brudenbach

*Place of Business,*

C Mueller M. D.,
Medical Attendant.

*Address,* 23 McCulloh st

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# // Board of Health, City of Baltimore,

Permit No. 57783

OFFICE OF REGISTRAR OF VITAL STATISTICS.

SUPERINTENDENT JUN 28 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 10 A.M. 26th June, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Florence Blondin

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* Eight *Months,* Twenty-four *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 52 Orchard St, Baltimore, Maryland.

*Duration of Residence in the City of Baltimore,* 8 Months & 24 Days

*Place of Death,* {Give street and number} 52 Orchard St Baltimore, Maryland.

*Cause of Death,* First, (Primary,) Prostration from heat & Diarrhoea

Second, (Immediate,) " " " " "

*Duration of last Sickness,* about 15 or 16 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 28th 1882

Thos. S. Worth M. D.
Medical Attendant.

*Undertaker,* Wm H. Bishop

*Place of Business,* 97 Druid Hill Ave.

*Address,* 236 N. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible] Certificate.

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# Board of Health, City of Baltimore,

Permit No. 57784 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Derr

*Sex, Male or Female,* {Cross out the word not required in this line.} .....

*Age,* 11 *Years,* 1 *Months,* 10 *Days,* 14

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and Number.} 17 E Elizabeth Lane

*Cause of Death,* First, (Primary,) Scrofula

Second, (Immediate,) Phthisis

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* London Road Cem

*Date of Burial,* June 29th 1892

*Undertaker,* Ernest Schloman

*Place of Business,* 200 Aisquith St *Address,* 146 Hanover St

Edward Cook M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

# Board of Health, City of Baltimore,

Permit No. 57785 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give name of parents. } Sarah Hawkins

*Sex, ~~Male or Female~~,* { Cross out the word not required in this line. } Female

*Age,* about 25 *Years,* ..... *Months,* ..... *Days,*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. } Single

*Occupation,* Servant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Not Known

*Duration of Residence in the City of Baltimore,* Not Known

*Place of Death,* { Give street and Number. } University Hospital

*Cause of Death,* First, (Primary,) Tubercular Peritonitis

Second, (Immediate,) Ascites

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenlawn Baltimore

*Date of Burial* June 28 1882

*Undertaker,* Thos S. Keighler

*Place of Business,* 60 E Balto Address, University Hospital

[signature] M. D.,

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57786 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 29 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethereus Coann

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 mo *Years,* — *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} child

*Occupation,* Nine

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number.} 64 E. Dallas St

*Cause of death,* First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Nine months

All the above information should be furnished by the Physician.

*Place of Burial,* Lund Cemetery

*Date of Burial,* June 28th 1892

*Undertaker,* Chas J Locke

*Place of Business,* 1173 Jefferson St

Whitfield Winsey M. D.,
Medical Attendant.

*Address,* 1162 E. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

Permit No. 67787

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 27 2 30 PM 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Evans Lee

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* — *Months,* — *Days.*

*Color,* Mulatto

*Married, Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* Dressmaker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give street and number.} 5 Wesley St.

*Cause of Death,* First, (Primary.) Cancer

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 4 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Annapolis, Md.

*Date of Burial,* June 29th 1882

*Undertaker,* Wm. H. Gray

*Place of Business,* 65 Mulberry St

Hector H. Gudman M.D.,
Medical Attendant.

*Address,* 1445 W. Lombard St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 67788 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Gumbmann

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 6 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} No 104 St. Peter st

*Cause of Death,* First, (Primary,) Colic Infantum

Second, (Immediate,) Obstruction

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* June 29th 1882

*Undertaker,* John S. Mackie

*Place of Business,* 16 & 18 Canal St.

C. L. Buddenbohn M. D., Medical Attendant.

*Address,* 106 St. Paul St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

Permit No. 57782 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1894 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Baker

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ..... *Years,* 6 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} No 353 Hamburg St

*Cause of death,* First, (Primary,) Marasmus

Second, (Immediate,) .....

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* June 28th

*Undertaker,* F. N. Bull.

*Place of Business,* #131 Hanover

H. C. Burch. M. D.,
Medical Attendant.

*Address,* 15 N. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

# Board of Health, City of Baltimore,

Permit No. 5776 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 2 1882 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th. 882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth, Donchell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... 7 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} 241 Alice Anna St.

*Cause of Death,* First, (Primary,) Measles followed by

Second, (Immediate,) Internal Convulsions

*Duration of Last Sickness,* From Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters ut St. Pauls Cemtry.

*Date of Burial,* June 28th 1882

*Undertaker,* Wm A Nicolaus

*Place of Business,* 258 Alice Anna

John H. Cahberger M. D., Medical Attendant.

*Address,* # 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Requested.

8

# Board of Health, City of Baltimore,

Permit No. 5719

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27 — 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 27 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltw. City Md.

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and number.} 465 Aisquith st

*Cause of Death,* First, (Primary.) Pulmonary tuberculosis

Second, (Immediate.)

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* St. James Ch

*Date of Burial,* June 29 — 1882

*Undertaker,* Henry Hoede

*Place of Business,* 30 N. Eutaw *Address,* 3 N. Broadway

P. G. Dauel, M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Call Special Attention of Physicians to ...

# Board of Health, City of Baltimore,

Permit No. 57792 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 92 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Geisel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Four (4) *Years,* — *Months,* — *Days,*

*Color,* Colith

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} S E Cor Eager & Commerce Sts

*Cause of Death,* First, (Primary,) Scarlatina

Second, (Immediate,) Diphtheritis

*Duration of Last Sickness,* 17 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cy

*Date of Burial,* June 29th 1892

*Undertaker,* Henry Hoch

*Place of Business,* 54 N Eutaw St

S. W. Slaur M. D.,
Medical Attendant.

Residence, S E Cor Eager & Caroline Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5779 3 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Biscoe

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 89 Yrs.

*Place of Death,* {Give street and Number.} 25 O'Donnell St. Canton

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 Yrs

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cem

*Date of Burial,* June 28 1882

*Undertaker,* H. Sander & Son

*Place of Business* 252 Canton

E. P. Owens M. D.,
Medical Attendant.

*Address,* 875 E. Balto. St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 67794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

*Date of Death,* June 27. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Everett

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 7 *Months,* 26 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} No. 62 S. Duncan Al-

*Cause of Death,* {First (Primary,) Rubiola

{Second (Immediate,) Entero-colitis

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ner Methodist Ceme

*Date of Burial,* June 29 / 1882

*Undertaker,* H Sander & Son

*Place of Business,* 252 Cantonsve

J. D. Fiske *M. D.*
Medical Attendant.

*Address* No. 334 E. Pratt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to ...

# Board of Health, City of Baltimore,

Permit No. 57795 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 23d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Heltz: First name unknown Mrs. Welzel.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* about 65 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Not Known

*Occupation,* Unknown

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Unknown

*Duration of Residence in the City of Baltimore,* about a week

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,) asthenia

*Duration of Last Sickness,* about a week

All the above information should be furnished by the Physician.

*Place of Burial,* June 26/82

*Date of Burial.* Woodlawn

*Undertaker,* Fred A Kirchner

*Place of Business,* 150 E Baltimore Ave

J West M. D.,
Medical Attendant.

*Address,* University Hospital

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57796 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 26/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis B. Reagan

*Sex, Male* ~~or Female~~, { Cross out the word not required in this line. }

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* { Give street and Number. } 187 Dolphin St

*Cause of Death,* First, (Primary,) Heart

Second, (Immediate,) Congestion Brain

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem

*Date of Burial,* June 28th 1882

*Undertaker,* Chas T. Scriven

*Place of Business,* 271 N Eutaw St

J. H. Mellet M. D.,
Medical Attendant.

*Address,* 89 N. Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

6

Permit No. 27797

# Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Dewald

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 81 Duncan alley

*Duration of Residence in the City of Baltimore,* 3 mos

*Place of Death,* {Give street and number.} 25 Mc Cubbin St

*Cause of Death,* First, (Primary.) Cholra Infantum

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* June 28th 1882

*Undertaker,* Fry & Bro

*Place of Business,* 81 N. Broadway

E George Wall M.D.,
Medical Attendant.

*Address,* 41 N Bond St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That from and after any [illegible] in the said city, it shall be the duty of the Physician who attended during his or her last sickness [illegible] the case coming under his notice, to furnish within forty-eight hours after the death, to the Undertaker [illegible] a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians

# Board of Health, City of Baltimore,

Permit No. 47798 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adaline Hill

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 27 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto city.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 3 Norma's court

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) —

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Hart St

*Date of Burial,* June 29

*Undertaker,* Mr Anderson

*Place of Business,* —

J. H. S. Jordan M. D.,
Medical Attendant.

*Address,* 126 Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Numbers Below...

# Board of Health, City of Baltimore,

Permit No. 67799 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 26. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Bill

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 4 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 35 S. Chester St.

*Cause of Death,* First, (Primary,) Rheumatic Fever

Second, (Immediate,) Cardiac Mischief.

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* June 28, 1882

G. Glanville Lusk M. D.,
Medical Attendant.

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Broadway

*Address,* Balt. & Stockton Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

# Board of Health, City of Baltimore,

Permit No. 57809

*Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Dawkins

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 62 *Years,* —— *Months,* —— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* Since Infancy

*Place of Death,* { Give street and Number. } 25 Thulo St

*Cause of Death,* First, (Primary,) Senile Infirmities

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 10 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Levond Cemetery

*Date of Burial,* June 28 1892

*Undertaker,* William N Lurman

*Place of Business,* 1062 E Fort Ave

Geo T [illegible] M. D.,
Medical Attendant.

*Address,* 222 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

# Board of Health, City of Baltimore,

Permit No. 57801 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Joseph.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* — *Days,*

*Color,* White —

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life —

*Place of Death,* {Give street and Number.} St. Vincent asylum —

*Cause of Death,* First, (Primary,) Ovarian Heart Trouble.

Second, (Immediate,) General Dropsey —

*Duration of Last Sickness,* 4 days under our notice —

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* June 29th 1882

*Undertaker,* Pat Hunt —

*Place of Business,* Dinsmore & Townsend

R. H. Goldsmith M. D.,
Medical Attendant.

*Address,* Harlem av. Calvert

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

# Board of Health, City of Baltimore,

Permit No. 57802 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th - 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Hartman.

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* — *Years,* 11 *Months,* — *Days,*

*Color,* White —

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto —

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* { Give street and Number. } St. Vincents Infant asylum.

*Cause of Death,* First, (Primary.) Dysentery —

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* Seven days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* 29th June/82.

*Undertaker,* Pat Hunt.

*Place of Business,* Division and Fremont

R. H. Goldsmith, M. D.,
Medical Attendant.

Address, Harlem av. Calhoun st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

# Board of Health, City of Baltimore,

Permit No. 17803 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1887 12 m. [illegible]

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Krouse

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 30 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Tinner

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} Belair ave near Pleasant

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* One (1) year

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Co

*Date of Burial.* June 29 1887

*Undertaker,* Henry Hoeck

*Place of Business,* 309 N. Central Ave Address, Govt Carrier

J. W. Hoen M. D.,
Medical Attendant.

[illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of Physi...

# Board of Health, City of Baltimore.

Permit No. 5780 4 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28th 1882,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Bernburg,

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 78 *Years,* 9 *Months,* 19, *Days.*

*Color,* White

~~*Married*~~, ~~*Single*~~, ~~*Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* Locksmith.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Hesse Cassel. Germany

*Duration of Residence in the City of Baltimore,* 32 Years.

*Place of Death,* {Give street and number.} 255. S Paca St

*Cause of death,* First, (Primary,) Phlegmonous Erysipelas

Second, (Immediate,) Diarrhea

*Duration of Last Sickness,* 24. Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem'y

*Date of Burial,* June 30th 1882

*Undertaker,* Geo Sperrenbach

*Place of Business,* 389 W. Balto St

Jno. A. Kreb M. D.,
" " Medical Attendant.

*Address,* 273. W Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases &c.

# Board of Health, City of Baltimore,

Permit No. 57805 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Moody

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 6 *Months,* ..... 6 *Days,*

*Color* Col

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 6 mos. 6 days.

*Place of Death,* {Give street and Number.} Burgundy Alley, No 4,

*Cause of Death,* First, (Primary,) Paralysis

Second, (Immediate,) General Debility

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial* Sharp St. Cemetery

*Date of Burial,* June 29

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

Wm P Chunn M. D.,
Medical Attendant.

*Address,* University of Md.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57866 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles L. Brandt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months,* 23 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 48 L. McElderry St.

*Cause of Death,* First, (Primary,) Inanition & Diarrhea

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* June 29, 1882.

*Undertaker,* Henry Hoen

*Place of Business,* 304 Central Ave

E. B. Fenby M. D.,
Medical Attendant.

*Address,* N. E. Cor. Eden & Biddle Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

17

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence H. Machubin

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ... *Years,* 3 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 645 Light St

*Cause of Death* { First, (Primary,) Artificial Feeding
Second, (Immediate,) Marasmus

*Duration of last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* June 30. 1882

*Undertaker,* B. Hart

*Place of Business,* 82 West St

D. F. Thelan *M. D.*
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to List of Penalties Attached to this Certificate.

4

# Board of Health, City of Baltimore,

Permit No. 57808

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenna. Locone

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 3 *Months,* 12 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 17 Allens Alley

*Cause of Death,* First, (Primary.) Heat Prostration

Second, (Immediate.)

*Duration of Last Sickness,* Some days

All the above information should be furnished by the Physician.

*Place of Burial,* Locust Cemetery

*Date of Burial,* June 29 1882

*Undertaker,* William Lange

*Place of Business,* No 62 East St

D. M. Cattell *M.D.,*

Medical Attendant.

*Address,* 2 N Bond

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5780 9 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28/92

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. McNeal

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days,*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give street and Number.} 494 N. Roach

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* Two (2) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem.

*Date of Burial,* June 29 1892

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St.

D. J. Glenn M. D., Medical Attendant.

*Address,* 38 N. Entaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 57818 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Ott Kinsor

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 16 *Months,* 15 - *Days.*

*Color,* White -

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 26 Stiles St.

*Cause of Death,* First, (Primary,) Membranous

Second, (Immediate,) Laryngitis

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial* Greenmount Cem.

*Date of Burial,* June 30 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto. St.

A R Arnold M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

17

Permit No. 5-7811

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* Live 1 hour *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 109 Fort St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Premature Birth (7 months)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* June 29

*Undertaker,* B. Flaherty

*Place of Business,* 82 West St.

E. A. Cator *M.D.,*

Medical Attendant.

*Address,* 213 Light

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully ... this ...

# Board of Health, City of Baltimore,

Permit No. 5781 2 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 28 June 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Wittenbecher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} (Germany)

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Asylum of the Little Sisters of the Poor cor. Ridgely and Valley Sts

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* one Week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cimetery

*Date of Burial,* June 30th 1882

Jno. Brooke Boyle M. D.,
Medical Attendant.

*Undertaker,* Henry J. Shellhaus

*Place of Business,* *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-7823 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

*Date of Death,* June 28: 8 45 P.M. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Steinbrenner

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 52 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Cowper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 37 Years

*Place of Death,* {Give street and Number.} 212 N Eden

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cemetery

*Date of Burial,* June 30th

*Undertaker,* George Schilling

*Place of Business,* Ashland Square

Chas E Smith M. D.,
Medical Attendant.

*Address,* 219 E Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

# Board of Health, City of Baltimore,

Permit No. 6-7814 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Stoddert

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, Six Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} Cor Bond & St. Joseph St.

*Cause of death,* First, (Primary,)

Second, (Immediate,) Teeth & dentition

*Duration of Last Sickness,* Five days.

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathederal Cemetery

*Date of Burial,* June 29th

*Undertaker,* George Schilling

*Place of Business,* Ashland & Lynn

Wm Whitridge M. D.,
Medical Attendant.

*Address,*

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57815 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Stalte

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ..... Years, Three (3) Months, Twenty two (22) Days,

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } — — — —

*Occupation,* — — — — —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Pueblo City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and Number. } 124 Forrest Street

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Four (4) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* June 30th

*Undertaker,* Geo Schilling

*Place of Business,* .....

S. W. Slocum M. D.,
Medical Attendant.

Address, Cor Eager & Fairmount

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-7816 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Hawkins

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* .... 4 *Months,* ..... *Days,*

*Color,* Colard

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 10 Bolton al. above Lesen St.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 10 Bolton al

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 30

*Undertaker,* John F.C. Otte

*Place of Business,* 10 Wilson St.

Alexander Tinsley M. D.,
Medical Attendant

*Address,* Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last Sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

16

# Board of Health, City of Baltimore,

Permit No. 57817

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

*Date of Death,* 28th June 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard A Queen

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* 8 *Months,* 6 *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Nothing

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 7. Clarret alley

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 3. days

All the above information should be furnished by the Physician.

*Place of Burial,* St Francis Xavier

*Date of Burial,* June 29th

*Undertaker,* Charles A White

*Place of Business,* 35 Grady St

L. L. Dyer M.D.,

Medical Attendant.

*Address,* 146, Hill St.

L. D. DYER M. D.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5781 8 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 3 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry C. Pearson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 5 *Months,* ..... *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ~~—~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 5 mos.

*Place of Death,* {Give street and Number.} 53 St. Paul st.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial* Balto Co

*Date of Burial,* June 29

*Undertaker,* J. W. O'Donnell & Sons

*Place of Business,*

P. Fraser Thomas M. D.,

Medical Attendant

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

# Board of Health, City of Baltimore,

Permit No. 57819 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo C M. Rutter

*Sex, Male or Female,* { Cross out the word not required in this line. } Male.

*Age,* 30 *Years,* ... *Months,* ... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Clerk.

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 223. N Gilmor

*Cause of Death,* First, (Primary,) Phthisis Laryngealis

Second, (Immediate,) Total time

*Duration of Last Sickness,* About 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial* June 30" 1882 C. A. Latrobe M. D.,

*Undertaker,* Henry Hutchins Medical Attendant.

*Place of Business,* 530 W Fayette *Address,* 543 Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 5-7820 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1882 BALTIMORE

*Date of Death,* June 28th 1882.

*Full Name of Deceased,* (Write legibly and spell correctly. If an Infant not named, give names of parents.) Willie Hall

*Sex, ~~Male~~ or Female,* (Cross out the word not required in this line.)

*Age,* 14 *Years,* 9 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~.* (Cross out the word not required in this line.)

*Occupation,*

*Birthplace,* (State or country, and how long in the United States, if of foreign birth.) Balto. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* (Give street and Number.) 113 N Sharp St

*Cause of Death,* First, (Primary,) "Typhoid Malarial Fever"

Second, (Immediate)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial* New York City

*Date of Burial,* June 30th 1882

*Undertaker,* Denny & Hitchcock

*Place of Business,* 507 N Fayette St *Address,* 584 W. Fayette St.

[signature] M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57821 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Etzel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 59 *Years,* 5 *Months,* 4 *Days,*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Saloonkeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and Number.} ~~67 S. Eutaw St.~~ 67 S. Eutaw St.

*Cause of Death,* First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* June 30th 1882

*Undertaker,* Wm J. Tiefenbrun

*Place of Business,* 136 Lancaster *Address,* 170 S. Sharp St.

Wm Gamble M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Porter

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* *Years,* 9 *Months,* 24 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* 2 Yrs

*Place of Death,* {Give street and number} 69 N. Appleton

*Cause of Death* {First, (Primary,) Cholera Infantum

Second, (Immediate,) ~~4 days~~

*Duration of last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park cemetery

*Date of Burial,* June 29th 1882

*Undertaker,* Jas R. Cook

*Place of Business,* No 707 N. Baltimore Street

J. Ins Hood M. D.
Medical Attendant

*Address,* 322 Hollins

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

15

# Board of Health, City of Baltimore,

**Permit No.** 17823 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 23 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents} Florindo Eugenio Barsotti

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* (1) one *Years,* (5) five *Months,* (16) sixteen *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~~———~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give street and number.} 21 Perry St.

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician

*Place of Burial,* St Peters

*Date of Burial,* June 29/1882

*Undertaker,* C. F. Krause

*Place of Business,* 209 Hanover

Geo. W. Caudill M. D.
Medical Attendant.

*Address* 139 N. Calvert St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57824 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Joseph Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 13 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 84 Elding St.

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,)

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cemetery

*Date of Burial,* June 30

*Undertaker,* Martin Fahey

*Place of Business,* No 126 Fawn Ave *Address,*

Wm Morris M. D.,

Medical Attendant.

I Fawn Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 67825 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Bruchush

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* ..... 27 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} * 262 S. Caroline St.

*Cause of Death,* First, (Primary,) Dysentery.

Second, (Immediate,)

*Duration of Last Sickness,* Since Birth.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* June 29th 82 John H. Rehlaeus M. D.,

*Undertaker,* G. Frazer Medical Attendant.

*Place of Business,* Banks & Wolf *Address,* 243 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 57826 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. nnder penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUN 29 3 1882 BALTIMORE

*Date of Death,* June 27th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Gutter

*Sex,* ~~Male or Female,~~ { Cross out the word not required in this line. } Male

*Age,* ~~Years,~~ 10 *Months,* 3 *Days,*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } No 284 Canton Ave

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* June 29th 82

*Undertaker,* G. Frazer

*Place of Business,* Bantz & Wolf

Thomas P. Evans M. D.,
Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 5782 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 26th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anais M. G. Coignet.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, Six Months, 20 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt Virginia Four Months

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 71 Madeira Alley

*Caus of death,* First, (Primary,) Want of Proper Nourishment & heat

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cem

*Date of Burial,* June 30th 82

*Undertaker,* G. Frame

*Place of Business,* Bank & Wolfe Sts. *Address,*

Wm Woolridge M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57828 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M May

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 2 *Months,* 16 *Days,*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 245 Baltimore Ave

*Cause of Death,* First, (Primary,) Inanition Prostration

Second, (Immediate,) " "

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* June 29th 1882

*Undertaker,* F. A. Kershaw

*Place of Business,*

Geo. H. S. Jenson M. D.,
Medical Attendant.

*Address,* Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 34

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 3 Board of Health, City of Baltimore,

Permit No. 7829

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eleanora Susan

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Fem

*Age,* —— *Years,* 9 *Months,* 6 *Days.*

*Color,* White

*Married, Single, ~~Widow~~ or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore by

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 283 East Pratt St

*Cause of Death,* First, (Primary,) Dentition

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* June 30th

*Undertaker,* W. Liffert

*Place of Business,* S. Bond St. 151

Jno C Benzinger M. D.
Medical Attendant.

*Address,* 116 Broadway & Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] AND STATIONERS.

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57830 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Ann Liefers

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days,*

*Color,* C

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} East Shore Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 1062 Raborg st.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon County

*Date of Burial,* June 29th 1882

*Undertaker,* Saml. M. Lewis

*Place of Business,* 19 S. Howard St. *Address,* 306 N Eutaw St

C. W. Neff M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57831 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Charles Nichols

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 3 *Months,* ~~Days.~~

*Color,* (Col)

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

*Occupation,* ~~Occupation~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* ~~Duration of Residence in the City of Baltimore~~

*Place of Death,* {Give street and Number.} No 69 Chesnut St

*Cause of Death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,)

*Duration of Last Sickness,* about one Week.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 29th 1882

*Undertaker,* Danl. M. Chase

*Place of Business,* 198 S. Howard St

John H. Logan M. D.
Medical Attendant.

*Address,* 238 E. Monument St
or 2 - Dispensary.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 57832 — *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} male Howard A Knight

*Sex,* ~~Male or Female~~ {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 4 *Months,* 1 4 *Days.*

*Color,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} N. E. Cor. Farmington & Fayette

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* June 29th 1882

*Undertaker,* C. Sanders & Son

*Place of Business,* 252 Canton Av

Wm. E. Russell M. D.,
Medical Attendant.

*Address,* 238 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 67833

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 27th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nellie Estelle Halty

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* ____ *Years,* ____ 14 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Child

*Occupation,* None

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } 198 Madison Ave

*Cause of Death,* { First, (Primary,) Acute Meningitis / Second, (Immediate,) Convulsions

*Duration of last Sickness,* 4 days for several days past called 3 days ago

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* June 29 — A. K. Fitchett M. D.

Medical Attendant.

*Undertaker,* C. H. Blizard

*Place of Business,* 198 Pa Ave — *Address,* 705 W. Biddle

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 17834 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Lane

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Nursery & Child's Hospital

*Cause of Death,* First, (Primary,) Inherited Syphilis

Second, (Immediate,) .....

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 29

*Undertaker,* E. McClizzard

*Place of Business,* 198 E. Pr St

C. F. Brau M. D.,
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 27835 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. L. Wacker

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days,*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} R 199 Johnson St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* Four (4) Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* June 30 1882

A. L. Shinn *M. D.,*

Medical Attendant.

*Undertaker,* Wm. J. Hughes

*Place of Business,* Cor Baltimore St *Address,* 387 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

# Board of Health, City of Baltimore,

Permit No. 57836 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Female Eleanora Creagh

*Sex,* ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and Number.} 291 N. Eden Alley

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel

*Date of Burial,* June 29th

*Undertaker,* Geo. Zell

*Place of Business,* 91 W. Baltimore

G. Glanville Rusk M. D.,
Medical Attendant.

Address, Balt. & Front Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4

# Board of Health, City of Baltimore,

Permit No. 57827

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 29 June 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Hall

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 51 *Years,* *Months,* *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Musician

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* 51 years

*Place of Death,* { Give street and number. } 36 N. High St.

*Cause of Death,* { First, (Primary.) Pneumonia / Second, (Immediate.) }

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* New York

*Date of Burial,* June 30

*Undertaker,* L Ahrens

*Place of Business,* 31 N High St

Hoffman M.D.,
Medical Attendant.

*Address,* 54 N. High St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 17838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Burkhard

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 48 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Lady

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 158 N Howard st

*Cause of Death* { First, (Primary,) Valvular disease of the heart
Second, (Immediate,) Paralysis of heart

*Duration of last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Falls Cemetery

*Date of Burial,* July 1st 1882

B. F Stillings M. D.
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette St *Address,* 327 N Howard st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57839 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E. Moore.

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* Negro

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* 4 months.

*Place of Death,* {Give street and number.} No 3 Morris alley court.

*Cause of death,* First, (Primary,) Diarrhoea.

Second, (Immediate,) Hydrocephaloid.

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* West. Pub. Comty

*Date of Burial,* June 29/82

*Undertaker,* Fred A Kochmer

*Place of Business,* 50 & Carrollton Ave. *Address,* 242 W. Eutaw St.

O. Edw Janney M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5784 0 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Noble Frazier

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* one *Years,* *Months,* nineteen *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life time ✓

*Place of Death,* {Give street and number.} # 43 E Bethel St

*Cause of death,* First, (Primary,) Congestion of Brain

Second, (Immediate,) Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* June 30 1892

*Undertaker,* William N Dungan

*Place of Business,* No 62 East St

Walter Dixon *M. D.,*
Medical Attendant.

*Address,* 172 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

5

Permit No. 57841

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 30 3 1882 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* June 29. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessey Ball

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 3 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Infant

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* {Give street and number.} 15 Jefferson St

*Cause of Death,* First, (Primary.) Hot weather

Second, (Immediate.) Collapsus.

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ct. Hebrew Cemetery

*Date of Burial,* June 30th 1882

*Undertaker,* Wm. Silau

*Place of Business,* 101 Gough St

J. H. Johnston M.D.,

Medical Attendant.

*Address,* 34 Penn Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5842 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sam[e] P Edmenson

~~*Sex,*~~ *Male or Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Pilot

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bal Dorchester Co Md

*Duration of Residence in the City of Baltimore,* 63 yrs

*Place of Death,* {Give street and number.} 93 S Shubert

*Cause of death,* First, (Primary,) Congestion of Brain

Second, (Immediate,)

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* June 30th 1882

*Undertaker,* John S Thacker

*Place of Business,* 150 Camden

H. W. Webster M. D.,
Medical Attendant.

*Address,* 54 Bernes

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

# Board of Health, City of Baltimore,

Permit No. 57843

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Anna McClain

*Sex,* ~~Male~~ *Female,* {cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days.*

*Color,* White

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Caroline Co Md

*Duration of Residence in the City of Baltimore,* 32 Years

*Place of Death,* {Give street and number} 158 Washington Ave (Ashington

*Cause of Death,* First, (Primary,) Cancer — Mammary becoming universal

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Many Months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* July 1st 1882

*Undertaker,* John S Thacher

*Place of Business,* No 130 Camden

D C Williams M. D.
Medical Attendant.

*Address,* 201 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases [illegible]

# Board of Health, City of Baltimore,

Permit No. 57844 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon C. Otto

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 3 *Months,* 2 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 29 Randall St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* June 30

*Undertaker,* B. Yeule

*Place of Business,* 82 West St, Address, 146 Hanover

Thos Bode M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57845 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Lebbeseen

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* 5 *Months,* — *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give street and Number.} No 27 Fort Av Locust Point

*Cause of Death,* First, (Primary,) Cholera Morbus

Second, (Immediate,) Collapse

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ft Alpheus Cemetery

*Date of Burial,* 1 July

*Undertaker,* Bernhard Hardy

*Place of Business,* 82 West Pratt

C. L. Baldenborn M. D., Medical Attendant.

*Address,* 164 S. Paca st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5846 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 30 3 1882. BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos Edwin Stanton

*Sex, Male ~~or Female,~~* { Cross out the word not required in this line. }

*Age,* 8 *Years,* 5 *Months,* 18 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto city

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* { Give street and number. } 229 Light St.

*Cause of death,* First, (Primary,)

Second, (Immediate,) Cerebro Spinal Meningitis, 8 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* June 30th 1882

*Undertaker,* C. F. Krause

*Place of Business,*

J. Hurm M. D.,
Medical Attendant.

*Address,* 7 L Pratt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

# Board of Health, City of Bal.

Permit No. 57847

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUN 30 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Williams

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* About 30 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 14 yrs

*Place of Death,* {Give street and number.} Barn of Lord & Bare St

*Cause of Death,* First, (Primary.) Accidentally drowned —

Second, (Immediate.) " "

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Schwartz's Cem.

*Date of Burial,* June 30th 1882

*Undertaker,* C. F. Krause

*Place of Business,*

E. A. Bell *M.D.,*

~~Medical Attendant~~ Coroner So Dist —

*Address,* 161 So Sharp St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# 20 Board of Health, City of Baltimore,

Permit No. 57846

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore T. Bromwell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 2 1/2 Months, Days.

*Color,*

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 328 Lanvale St

*Cause of Death,* {First (Primary,) Cholera Infantum

{Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* July 1st 1882

{*Undertaker,* Deems & Mitchell

{*Place of Business,* 553 W Fayette St

H. M. Wilson M. D.
Medical Attendant.

*Address* 257 Mad Ave

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57849 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie B Wilbur

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 21 *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 544 W Fayette St

*Cause of Death,* First, (Primary,) Cholera infantum

Second, (Immediate.)

*Duration of Last Sickness,* nearly a week

All the above information should be furnished by the Physician.

*Place of Burial* London Park

*Date of Burial,* June 30 - 1882

*Undertaker,* Edwd Mitchell

*Place of Business,* 550 W Fayette

E. E. Price & Son M. D.,
Medical Attendant.

*Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 57850 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June. 28 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Holzman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 66 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower.~~* {Cross out the word not required in this line.}

*Occupation,* Restaurant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give street and Number.} 33 Eastern Sh

*Cause of Death,* First, (Primary,) Heart disease

Second, (Immediate,) Anthrax Dropsy 4 y 8 months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* London Park

*Date of Burial,* June 30th

*Undertaker,* Chas T Denver

*Place of Business,* 271 W Eutaw

A B Arnold M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-7857 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 3 1882 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archibald McKeown

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 88 *Years,* ..... *Months,* ..... *Days.*

*Color,* W

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland - 75 years

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 51 Lee St

*Cause of death,* First, (Primary,) Hypertrophy of Prostate gland

Second, (Immediate,) Cystitis

*Duration of Last Sickness,* 1 month

All the above Information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* 1st July 1882

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* No 75 N. Charles *Address,* 152 Park St

S Duncan M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57852 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Anna Eitzmiller

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* — *Years,* — *Months,* Four (4) *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* From birth.

*Place of Death,* { Give street and Number. } N. South Canal St

*Cause of Death,* First, (Primary,) Trismus & Tetanus resulting from

Second, (Immediate,) Eclampsia

*Duration of Last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* July 1th 1882

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Ave

J. W. Flowers M. D., Medical Attendant.

Address, [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 57863 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Jun 29 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dany Lo Kennedy

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* Years, 2 Months, 19 Days,

*Color,* Whin

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 184 McHenry st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* Three (3) Days.

All the above Information should be furnished by the Physician.

*Place of Burial,* Old Cathedral

*Date of Burial,* June 30th 1882

*Undertaker,* Matthias Carducci

*Place of Business,* 22 Hanover st

D. L. Shea M. D.,
Medical Attendant.

Address, 387 W. Lombard st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

# Board of Health, City of Baltimore,

Permit No. 17854 *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUNE 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary Fully

*Sex, Male or Female,* { Cross out the word not required in this line. } ~~Male~~ or Female

*Age,* 39 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ~~Single~~ ~~Widow~~ or ~~Widower~~

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Scotland

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* { Give street and Number. } S E Cor Edmondson & Carlington aves

*Cause of Death,* First, (Primary,) Cancer of the Stomach

Second, (Immediate,) .....

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* June [illegible] 1882

*Undertaker,* [illegible]

*Place of Business,* [illegible]

Edwd F. Mulholland M. D., Medical Attendant.

Address, 283 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# 18 Board of Health, City of Baltimore

Permit No. 57855

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 6.29.82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Garfield Selby

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* 13 *Days.*

*Color,* Blk

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 1 – 2.13

*Place of Death,* {Give street and number} 23 Wauche

*Cause of Death* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 3 Wks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* June 30th

*Undertaker,* Henson & Lefebure

*Place of Business,* 27 Druid Hill Ave

M. Eastman M. D.
Medical Attendant.

*Address,* 349 E

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 57856 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 29th 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Maria Mann

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 89 *Years,* 10 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Widow

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ireland Since Birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 1 Stirrup St near Ridgely

*Cause of Death,* First, (Primary,) Old Age

Second, (Immediate,) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park

*Date of Burial,* June 30th 1882

*Undertaker,* Wm J. Tilton

*Place of Business,* 136 Cemetery *Address,* 168 Pacific

Jno D Burke M.D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5785 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~June~~ June 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Luby

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cooper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give street and number.} 62 O. Pratt St.

*Cause of death,* First, (Primary,) Cancer of Rectum (Epithelioma)

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 yrs.

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* June 30th 1882

*Undertaker,* M. A. Taylor

*Place of Business,* 14 N. Broadway *Address,*

Sean J. Cakey M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57868 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada Lee

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 10 *Years,* 10 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 10. 10. 19.

*Place of Death,* {Give street and number.} N.W. cor Hanover & Barre sts

*Cause of death,* First, (Primary,) Pneumonia

Second, (Immediate,) Heart Trouble & Dropsy

*Duration of Last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Pk Cemetery

*Date of Burial,* June 30th

*Undertaker,* F. N. Troll

*Place of Business,* 131 Hanover St

R. G. Lee M. D.,
Medical Attendant.

*Address,* Hanover & Barre sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57859 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Oltmer Weil.

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* 2 *Months,* 14 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* none

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 125 North Gay St

*Duration of Residence in the City of Baltimore,* about 1 year

*Place of Death,* {Give street and Number.} 125 N Gay St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) — Marasmus

*Duration of Last Sickness,* about 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 1st 1882

*Undertaker,* Wm. H. Eichman

*Place of Business,* 234 N. Gay St. *Address,* 842 Fayette St

G W Dohme M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5786 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James T. McDowell

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Single~~

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} ~~Baltimore~~ Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 694 Saratoga St

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 6 days —

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* June 30th 1882

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 N. Gay St

WM McShane M. D.,
Medical Attendant.

*Address,* 582 W. Fayette

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57861

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah H. Wheeler

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* One *Years,* — *Months,* — *Days.*

*Color,* African

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 189 S. Durham St.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 189 S. Durham St.

*Cause of Death,* First, (Primary,) Rubeola (Measles)

Second, (Immediate,) Congestion of the Lungs

*Duration of last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Laurd Cemetery

*Date of Burial,* June 31st

*Undertaker,* W. Dippel

*Place of Business,* S. Bond St. 151 *Address,* 189

A. J. Stout *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

# Board of Health, City of Baltimore,

Permit No. 57862

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Abolen Hancock

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* 89 *Years,* 4 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 70 years.

*Place of Death,* {Give street and number} 325 E. Balto

*Cause of Death,* First, (Primary,) old age

Second, (Immediate,)

*Duration of last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 2nd 1882

*Undertaker,* Denny & Whitehill

*Place of Business,* 658 Broadway

H. Donaldson M. D.
Medical Attendant.

*Address,* 108 Park ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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# Board of Health, City of Ba...

*Office of Registrar of Vital Statistics.*

Permit No. 57863

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

JUN 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes Mathews

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 0 *Years,* Seven *Months,* 0 *Days.*

*Color,* Light brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Seven months

*Place of Death,* {Give street and number.} No 104 Tyson st

*Cause of Death,* First, (Primary.) Hot Weather

Second, (Immediate.) Cholera Infantum

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel county

*Date of Burial,* June 30 1882

*Undertaker,* F. Le Jordan

*Place of Business,* 65 Park Ave *Address,* cor Dolphin & Fred

B F Bohn *M.D.,* Medical Attendant. 11 C

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 27864 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Thomas

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 1 1/2 *Months,* ..... *Days,*

*Color,* Mulatto Mulatto

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} S. Sharp St, near Hill St 179

*Cause of Death,* First, (Primary,) .....
Second, (Immediate,) Convulsions

*Duration of Last Sickness,* .....

All the above Information should be furnished by the Physician.

*Place of Burial,* W P Cem

*Date of Burial,* June 30

*Undertaker,* F A Kerchner

*Place of Business,* .....

Wm Gambrill M. D.,
Medical Attendant.

*Address,* 170 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57865 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Lee

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* about 35 *Years,* ..... *Months,* ..... *Days,*

*Color,* Yellow

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,) Uterine Cancer

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* W Pub Cem

*Date of Burial,* June 30

*Undertaker,* F A Kerchner

*Place of Business,*

F West M. D.,
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 57866 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wenzell Kotalik

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* / *Months,* 21 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 129 N. Chapelle

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* since birth

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Wenceslaus Cemetery

*Date of Burial,* June 30 1882

*Undertaker,* John Kenney

*Place of Business,* 382 Orleans St

G. Glanville Fenk M. D.,
Medical Attendant.

Address, Balt. & Wash. Rd

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57867 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas Oppelt

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* — *Months,* — *Days,*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* cooper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give street and Number.} ~~N: 275~~ 257 Sharp St

*Cause of Death,* First, (Primary,) Cholera nostras.

Second, (Immediate,) The same

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cem.

*Date of Burial.* July 1st 82

*Undertaker,* P. E. Franca

*Place of Business,* Bank & Wolf *Address,* 163 W. Lombard St

Henry Baker M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 57868 *Office of Registrar of Vital Statistics.* Ward 07

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June the 29

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Maertz

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 9 Years

*Place of Death,* {Give street and Number.} No 18 Breadford Ally

*Cause of Death,* First, (Primary,)

Second, (Immediate,) old Age

*Duration of Last Sickness,* 8 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Alfonceius

*Date of Burial,* 30 of June

*Undertaker,* Mr France

*Place of Business,*

Geo. F. Jonson M. D.,
Medical Attendant.

Address, Bom of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5786 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 1 1882 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* June 29/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie C List

*Sex,* Male ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 202 E. Fremont St

*Cause of Death,* First, (Primary,) Chronic Pneumonia

Second, (Immediate,)

*Duration of Last Sickness,* 3 months

All the above Information should be furnished by the Physician.

*Place of Burial* Baltimore Cem

*Date of Burial,* July 1st 1882

*Undertaker,* Wm J Turner

*Place of Business,* 136 Camden

A. Keller M. D.,
Medical Attendant.

*Address,* 84 E Green St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57870

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June the 30th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Hill

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 6 Months, Days,

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 35 Forrest St

*Cause of Death,* First, (Primary,) ~~Teething and Summer Complaint~~

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,*

*Undertaker,* Mr Dungen

*Place of Business,*

Geo. W. Gibson M. D.,
Medical Attendant.

*Address,* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57871 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hebron

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* — *Months,* — *Days,*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Janitor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Culmerville Md

*Duration of Residence in the City of Baltimore,* 26 Years

*Place of Death,* {Give street and Number.} 49 Lexington St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) " "

*Duration of Last Sickness,* 7 in 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Lownel cemetry

*Date of Burial,* June 30

*Undertaker,* Thos J. Locks

*Place of Business,* 703. Jefferson

E. A. Bell M. D.,
Medical Attendant.

*Address,* 1461 E Pratt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 27872 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. F. Kaufer Jr.

*Sex, Male or Female,* { Cross out the word not required in this line. } male

*Age,* ... *Years,* 5 *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* ...

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* { Give street and Number. } 26 x Hanover

*Cause of Death,* First, (Primary,) Cholera

Second, (Immediate,) Infantum

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* July 1

*Undertaker,* B. Marle

*Place of Business,* 82 West St.

Jno. H. Smith M. D.
Medical Attendant.

*Address,* 281 E. Chase St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 57873 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. W Davis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 4 Months, 15 Days,

*Color,* W

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} B. Co Md

*Duration of Residence in the City of Baltimore,* 4 y 15

*Place of Death,* {Give street and Number.} 27 Gross St,

*Cause of Death,* First, (Primary,) Hemorrhage

Second, (Immediate,) Inanition

*Duration of Last Sickness,* ~~sick~~ 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Colored Cemetery

*Date of Burial,* July 1

*Undertaker,* Bernhard Heuck

*Place of Business,* 82 West St

R. A. Ellis M. D., Medical Attendant

Address, 213 S Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# // Board of Health, City of Baltimor[illegible]

OFFICE OF REGISTRAR OF VITAL STATI[illegible]

*Permit No.* 57874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30: 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Baby Collins

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 204 Mad. Ave

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 204 Mad. Ave

*Cause of Death,* First, (Primary.) Premature birth

Second, (Immediate.)

*Duration of last Sickness,* two days

All the above Information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cem

*Date of Burial,* June 30th 1882

D. L. Williams M. D.
Medical Attendant.

*Undertaker,* Andrews & Hodges

*Place of Business,* No 4 & 6 Druid Hill Ave

*Address,* 201 Mad. Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 57875 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 29th of June

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johns Klein

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 66 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* druggist

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 39 Years

*Place of Death,* {Give street and number.} S.W. corner of Eutaw & Mulberry sts.

*Cause of death,* First, (Primary,) Diphtheritis inflamation of throat

Second, (Immediate,) High fever - Failing of circulation

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 1st 1882

*Undertaker,* H.N. Jenkins & Son

*Place of Business,* 75 N. Charles *Address,* 224 West Fayette St.

D. F. Reinhard M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Lee

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* ~~Days.~~

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Single~~

*Occupation,* ~~—~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give street and number} 241 Orleans St.

*Cause of Death* { First, (Primary,) Scrofula. — Enlargement of tracheal and bronchial glands, ulcerations, conjunctivitis, eczema, etc. Manifestations of the so-called strumous habit.
, Second, (Immediate,) Marasmus.

*Duration of last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Cat~~ Lexington

*Date of Burial,* June 30th

*Undertaker,* Charles A. Witt

*Place of Business,* 1135 Granby St

George H. Rohe', M. D.
Medical Attendant.

*Address,* 95 Park Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5 7877 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29 | 92

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gottlieb Andreas

*Sex, Male or Female,* { Cross out the word not required in this line. } —

*Age,* 50 *Years,* 6 *Months,* 20 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Grocer —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Wurtenburg Germany

*Duration of Residence in the City of Baltimore,* 29 years

*Place of Death,* { Give street and Number. } 37 N Frederick St

*Cause of Death,* First, (Primary,) Inflammation of Kidneys

Second, (Immediate,) General Dropsy

*Duration of Last Sickness,* about 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 1st

*Undertaker,* Rahe & Brane

*Place of Business,* *Address,* 86 E Fayette St

G. D. Lehnen *M. D.,* Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

7

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 57878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 11th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles C. Fogel

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 7 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number} No. 2992 E. Eden St.

*Cause of Death* {First, (Primary,) Bright's Disease of the Kidneys

Second, (Immediate,)

*Duration of last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 3rd

*Undertaker,* Geo. Schilling

*Place of Business,*

Thomas Shearer M. D.
Medical Attendant.

*Address,* No. 9 E. Chase St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57879 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Smythe

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* 3 *Months,* 19 *Days.*

*Color,* N

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since Life

*Place of Death,* { Give street and Number. } 308 E Pratt St

*Cause of Death,* First, (Primary,) Enteric Colitis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Abt 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 1 2 5

*Undertaker,* John Funk

*Place of Business,* 24 S. Wolfe St, *Address,* 67 DeBuild St

Chas. Wm. Wolff M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

3

Permit No. 57880

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1882 BALTIMORE

*Date of Death,* June 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hansen

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 67 *Years,* 5 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Tailor

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 4½ years

*Place of Death,* {Give street and number.} 68 & Bond St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 2th 1882

*Undertaker,* Casper Eckhardt

*Place of Business,* 269 Canton Ave

D W Cathell M.D.,
Medical Attendant.

*Address,* 21 W Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57881 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 · 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lola Virginia Spedden

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* 10 *Months,* 26 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* Her whole life time

*Place of Death,* { Give street and Number. } 15 Hanover St

*Cause of Death,* First, (Primary,) Measles

Second, (Immediate,) acute Meningitis

*Duration of Last Sickness,* abut 9 days

All the above information should be furnished by the Physician.

*Place of Burial* Dorchester County

*Date of Burial,* June 31 1882. W. W. Hammond M. D.,

*Undertaker,* Armstrong & Denny Medical Attendant.

*Place of Business,* 263 Light St *Address,* 64 N Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.' [over.]

10

Permit No. 5788 2

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 29 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Lauer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 74 Pine St

*Cause of Death,* First, (Primary.) Immature 7½ months Child

Second, (Immediate.) Immaturity

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 1st

*Undertaker,* Geo Lauer

*Place of Business,*

H. P. Moorman M.D.,
Medical Attendant.

*Address,* 119 N Howard St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

# Board of Health, City of Baltimore,

Permit No. 57883

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Ernie Beale

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* — *Years,* Three *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 260 Penna Ave.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Croupous Pneumonia

*Duration of last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted] Cemy

*Date of Burial,* June 1 James A Tate M. D.

Medical Attendant.

*Undertaker,* J. Ecksalmers

*Place of Business,* 94 Penna ave *Address,* 42 Santee St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

# Board of Health, City of Baltimore,

Permit No 57884 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 28 of June

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Fowler

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 210 Dover St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Sommer complaint and Teeting

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Auburn Cemetery

*Date of Burial,* July 1st 1882

*Undertaker,* W. W. Madden

*Place of Business,* 76 East 8th

Geo. W. L. Benson M. D.,
~~Medical Attendant.~~

Address Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57885 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 2 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredr. W. Brucklander

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 48 *Years,* 9 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and number.} Nr 213 S Bethel st

*Cause of death,* First, (Primary,) Pulm: Consumption

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 9 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* St Jacobs Cemetri

*Date of Burial,* July 3 1882

*Undertaker,* John Kenney

*Place of Business,* 382 Orleans St

G O Winternitz M. D., Medical Attendant.

*Address,* 12 S. Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57886 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 1st July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Mc Goire

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* *Months,* *Days,*

*Color,*

*Married, Single, Widowed or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Asylum of the Little Sisters of the Poor cor John and Valley St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Chronic Bright's

*Duration of Last Sickness,* two months

All the above information should be furnished by the Physician.

*Place of Burial.* Holy Cross Cimetary

*Date of Burial.* July 2nd 1882

*Undertaker,* Henry Schultheis

*Place of Business,*

Wm Brooke Doyle M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57887 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in h last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Clarke

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 62 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Widow

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 33 years —

*Place of Death,* { Give street and Number. } 440 Lanvale St

*Cause of Death,* First, (Primary,) Chronic Gastric Catarrh

Second, (Immediate,)

*Duration of Last Sickness,* 2 years —

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 2 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Baltimore

Edwd F. Nicholson M. D., Medical Attendant.

Address, 283 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 57888 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 1. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie L Tierney

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ... *Years,* 3 *Months,* 6 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* — Lifetime

*Place of Death,* { Give street and Number. } E 3 Wallace St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) ...

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial* St Peters Cemetery

*Date of Burial,* July 2 1882 James Bailey M. D.,

Medical Attendant.

*Undertaker,* J B Cook

*Place of Business,* 707 W Pratt *Address,* 317 Hollins

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

8

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5/1889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A. Stockman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ___ *Years,* 9 *Months,* 18 *Days.*

*Color,* White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} — — —

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} ~~Baltimore City~~ Cor. Central Ave. & Hoffman St

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} Cor Central Ave & Hoffman St

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,) " "

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 2d

A. G. Watson *M. D.*
Medical Attendant.

*Undertaker,* H. C. Windefeld *Address* 237 N. Central Ave

*Place of Business,* 90 Greenmount Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

14 **Board of Health, City of Baltimore,**

Permit No. 57890

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* June 30, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcella Anna Janso

*Sex,* ~~Male~~ *or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 9 *Months,* 10 *Days.*

*Color,* White

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 40 S. Mount st.

*Cause of Death* { First, (Primary.) Whooping Cough
Second, (Immediate.) Meningitis (~~Spasms~~ Convulsions)

*Duration of last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* 1st of July

*Undertaker,* P. Kimmel

*Place of Business,* 317 Mulberry St.

H. M. Hood M. D.
Medical Attendant.

*Address,* 322 N. Liberty st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

8

# Board of Health, City of Baltimore,

*Permit No.* 57891

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Horace Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 25 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and number.} Jail

*Cause of Death,* First (Primary,) .....

Second (Immediate,) Acute Consumption

*Duration of Last Sickness,* several weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 2.

D. R. Hoffman *M. D.*

Medical Attendant.

*Undertaker,* W. H. Dingle

*Place of Business,* *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

# 19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wesley Buckley

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 736 N Fayette St

*Cause of Death* First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Quantum

*Duration of last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 2

*Undertaker,* C H Blizzard

*Place of Business,* 198 Thames

John L Pennington M. D.
Medical Attendant.

*Address,* 184 N Carrollton Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57893 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Rowland

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 14 *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 28 O'Donnell St

*Cause of Death,* First, (Primary,) Measles –

Second, (Immediate,) Inflam'n of Brain

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Matthews Cem'y

*Date of Burial,* July 2nd

*Undertaker,* J. W. Dippel

*Place of Business,* S. Bond st. 152

J. H. Martin M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57884 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Delilah Shuman

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* *Months,* *Days.*

*Color,* W

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.}

*Occupation,* Nc

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* 74 yrs

*Place of Death,* {Give street and number.} Cor Pierce & Lafayette Ave

*Cause of death,* First, (Primary,)

Second, (Immediate,) Old age

*Duration of Last Sickness,*

**All the above information should be furnished by the Physician.**

*Place of Burial,* Green Mount

*Date of Burial,* July 1st 1882.

*Undertaker,* Wm. H. Eichnauer

*Place of Business,* 234 N. Gay St.

J H Kellum M. D.,
Medical Attendant.

*Address,* 23 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57295 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida O. Sicard

*Sex, Male or Female,* {Cross out the word not required in this lines.}

*Age,* 3 *Years,* 3 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 111 N. Spring St

*Cause of Death,* First, (Primary,) Scarlatina Malig)

Second, (Immediate.) Oedema

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* Saturday July 1st

*Undertaker,* John Locke

*Place of Business,* 59 South Wolf St.

Frances A. Jones M. D.,
Medical Attendant.

*Address,* 105 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# 17 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Loetz

*Sex, Male ~~or Female,~~* {cross out the word not required in this line.}

*Age,* 62 *Years,* 2 *Months,* 11 *Days.*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Gentleman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Klempein, Stargardt Co. Germany

*Duration of Residence in the City of Baltimore,* 16 Years

*Place of Death,* {Give street and number} Rear of Md. White Lead ~~Company~~ Factory

*Cause of Death* First, (Primary,) Sloughing Ulcer on Right leg between knee & ankle

~~Hemmorhage~~ Second, (Immediate,) Rupture of blood vessels (in the ulcer)

*Duration of last Sickness,* About 2½ months

**All the above Information should be furnished by the Physician.**

*Place of Burial,* Western Cemetery

*Date of Burial,* July 3rd

Robert L. Rowe M. D.
Medical Attendant.

*Undertaker,* Ernst Schlosman

*Place of Business,* 200 S Charles St *Address,* 323 Light St & 143 Battery Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Ward 10

Permit No. 57897 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 92.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Ella Clayton

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 4 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 1 year 6 months

*Place of Death,* {Give street and number.} Gardeton

*Cause of death,* First, (Primary,) Congestion Brain

Second, (Immediate,) 3 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem'y

*Date of Burial,* July 2nd 92

*Undertaker,* Wm. H. Cadwalader

*Place of Business,* 22 Mulberry St. / *Address,* 22 Mulberry St.

Louis L. Horn M. D.,
Medical Attendant.
22 Mulberry St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, [o]
cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 57898 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Adolph Mose

*Sex, Male* ~~or Female~~, { Cross out the word not required in this line. }

*Age,* 29 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower.~~ { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country and how long in the United States, if of foreign birth. } North Germany

*Duration of Residence in the City of Baltimore,* 10 yrs.

*Place of Death,* { Give street and Number. } 245 D. Durham

*Cause of Death,* { First, (Primary,) Heart Apoplexy / Second, (Immediate.) Hemiplegia

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 2

*Undertaker,* Flinn

*Place of Business,* —

R. W. Mansfield M. D.
Medical Attendant.

*Address,* 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57899 *Office of Registrar of Vital Statistics* JE 1882

The Physician who attended any person in a last illness, is responsible for the presentation of a certificate, according to law, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if he was if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Moache

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.} Male

*Age,* 55 *Years,* ~~Months~~, ~~Days~~

*Color,* White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

*Occupation,* Harness Maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* (20) Thirty Years

*Place of Death,* {Give street and Number.} No 288 S. Bond St

*Cause of Death,* First, (Primary,) Erysipelas (Facial)

Second, (Immediate,) (Meningitis)

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bell. Cemetery

*Date of Burial,* July 3d 1882

*Undertaker,* Lenhart & Weiss

*Place of Business,* 277 S. Bond St.

Thomas B. Evans M. D.
Medical Attendant.

*Address,* 92 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 57900 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June the 30th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Franklin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 33 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and now long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} James Ally from 140 E Pratt St

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Loose bowels and throwing up Malaria Infantile

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July the 2d

*Undertaker,* C White

*Place of Business,* .....

Geo. W. Dunn M. D.,
~~Medical Attendant.~~

*Address,* Com & Exeter

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5790 / *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* June 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Schneider

~~Sex,~~ *Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days,*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Street paver

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 87 North Bond St

*Cause of Death,* First, (Primary,) Repeated colds and over exertion

Second, (Immediate,) Engorgement of the air passages

*Duration of Last Sickness,* About three weeks

All the above information should be furnished by the Physician

*Place of Burial,* Baltimore Cemetri

*Date of Burial,* Jun 2 1882.

*Undertaker,* John Hennig.

*Place of Business,* 382 Orleans St

Milton A. Taylor M. D.
Medical Attendant.

*Address,* Broadway & McElderry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

11

# Board of Health, City of Baltimore,

Permit No. 6790

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* June 29. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Price

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* *Months,* *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Ropemaker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Co Md 41 yrs

*Duration of Residence in the City of Baltimore,* Baltimore.

*Place of Death,* {Give street and number.} 59 Chestnut Al.

*Cause of Death,* First, (Primary.) Mitral insufficiency. Cardiac dilatation

Second, (Immediate.) Apnoea

*Duration of Last Sickness,* a few hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 2 1882

*Undertaker,* S W Chase

*Place of Business,* 198 Howard St

Herbert Harlan M.D.,
Medical Attendant.

*Address,* Balto. Gen. Disp.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57903 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bartholm. Katzenmeier

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 57 *Years,* — *Months,* — *Days,*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* shoemaker

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* { Give street and Number. } No 116 Low Street

*Cause of Death,* First, (Primary,) Cerebral Apoplexia

Second, (Immediate,) the same

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial.* July 3 1882

Henry Schaer M. D.
Medical Attendant.

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans St *Address,* 162 N Eutaw Str

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

# Board of Health, City of Baltimore,

Permit No. 67904 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 28 *Days,*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and Number.} St Vincent's Infant Asylum

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Marasmus.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae —

*Date of Burial,* July 2d — 1882.

*Undertaker,* Pat Hunt

*Place of Business,* Inman & Dirsin

R. McGoldsmith — M. D.,
Medical Attendant.

*Address,* Harlem Ave Calhoun.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57905 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st – 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antense –

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* – *Years,* – *Months,* 2 *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and Number.} St. Vincent's Infant asylum

*Cause of Death,* First, (Primary,) Pemphigus ?

Second, (Immediate,)

*Duration of Last Sickness,* 14 days –

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 2d – 1882

*Undertaker,* Pat. Hurley

*Place of Business,* Fremont & Division

R. H. Goldsmith, M. D.,
Medical Attendant.

*Address,* Harlem av. Calhoun

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57906 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 3 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loretta Gunn

*Sex,* [redacted] *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 141 E. Balto St

*Cause of death,* First, (Primary,) Complication of diseases.

Second, (Immediate,) Convulsions, Coma Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cem'y

*Date of Burial* July 24 1882

*Undertaker,* Jas F Byrne

*Place of Business,* Florist

Geo. R. Lyndey M. D.,
Medical Attendant.

*Address,* Cor Eutaw & Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57907 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

*Date of Death,* July 1st 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Kautes

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 1 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 265 Aliceanna st

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) Spasms

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial* St. Alphonsus

*Date of Burial,* July 2nd 1882

*Undertaker,* W. Disspie

*Place of Business,* Bond St

Geo. H. Dunn M. D., Medical Attendant.

*Address,* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Henry McKewen
Sanitary inspector

[over.]

# Board of Health, City of Baltimore,

Permit No. 57908 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Knapp.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and Number.} 252 Lee St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 1 day.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 3rd

*Undertaker,* Henry Brice

*Place of Business,* Hanover St 81

R. J. N. Tall M. D.,
Medical Attendant.

*Address,* 152 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Bal

**Permit No.** 57909 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 BALTIMORE

*Date of Death,* July 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Hood

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 11 *Months,* 8 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 1201 East Pratt St

*Cause of Death,* First, (Primary.) teething

Second, (Immediate.) Cholera Infantum

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 2d

*Undertaker,* Meeth & Fields

*Place of Business,* 60 S Carrollton ave

A Wolf Coblentz *M.D.,*

Medical Attendant.

*Address,* 343 W Lombard

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Balt

Permit No. 57910 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1882 BALTIMORE

*Date of Death,* July 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Thomas

*Sex, Male or Female.* {Cross out the word not required in this line.}

*Age,* [redacted] *Years,* 4 *Months,* ..... *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Native

*Duration of Residence in the City of Baltimore,* 13

*Place of Death,* {Give street and number.} Little Pine St

*Cause of Death;* First, (Primary.) Acute bronchitis

Second, (Immediate.)

*Duration of Last Sickness,* Several weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 2nd 1882

*Undertaker,* Pfaff & Bishop

*Place of Business,* 97 Lombard Street

W W Anthim M.D.,
Medical Attendant.

*Address,* 172 Franklin

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57911 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 29th June 1882. 6 P.M.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Anne Silverstein.

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* Fifty nine (59) *Years,* ..... *Months,* ..... *Days,*

*Color,* White.

*Married,* ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

*Occupation,* Wife and Housekeeper.

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany.

*Duration of Residence in the City of Baltimore,* about 22 years.

*Place of Death,* { Give street and Number. } # 359. East Eagar St. Baltimore

*Cause of Death,* First, (Primary,) Bright's disease of the Kidneys.

Second, (Immediate,) Effusion into Abdomen & Chest. (Dropsy)

*Duration of Last Sickness,* about one year.

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* July 2, 1882

*Undertaker,* Henry Hoerle

*Place of Business,* 309 Central Ave

W. Cream Bibbin M. D.,
Medical Attendant.

Address, 47. Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health. City of Baltimore,

Permit No. 57902 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
AUG 3
1902
BALTIMORE

*Date of Death,* June 30th. 02

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 174 E. Eager St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Gastritis

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bay View (Cem.)

*Date of Burial,* July 31 1902

*Undertaker,* [illegible]

*Place of Business,* [illegible]

Geo. Brooke Boyle M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

**Permit No.** 57913 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1882 BALTIMORE

*Date of Death,* July 1 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bush

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... *Months,* Seven *Days.*

*Color,* white *Sex,* male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Seven days

*Place of Death,* {Give street and number.} 39 O. Donnel Street

*Cause of Death,* First (Primary,) Spasms.

Second (Immediate,)

*Duration of Last Sickness,* three days.

All the above information should be furnished by the Physician.

*Place of Burial,* Ist Evangle Cem.

*Date of Burial,* July 2d 1882

*Undertaker,* W. C. Sander & Son

*Place of Business,* 252 Caroline Ave

A. Schwartz M. D.
Medical Attendant.

Address Cor. Canton & Ellwood Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

**Permit No.** 57914 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 8 12 M BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 92

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William [illegible]

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* 2 *Months,* 6 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } [illegible]

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* { Give street and Number. } [illegible]

*Cause of Death,* First, (Primary,) .....

Second, (Immediate) Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Old Mt. E. Cem. Belair Road

*Date of Burial,* July 28th 92

*Undertaker,* G. Frazer

*Place of Business,* Bond & Wolf *Address,* [illegible]

[illegible] M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57915

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalia Weidenham

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 14 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower.* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Richmond Va

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and number.} 50 Central ave

*Cause of Death,* First, (Primary.) Acute Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Helena Cem

*Date of Burial,* July 3rd 82

*Undertaker,* G. Frazer

*Place of Business,* Bantz & Wolf *Address,* 2 N Broadway

D W Cathell M.D.,
Medical Attendant.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5 7916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bessie L. Baltzer

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* ——— *Years,* 11 *Months,* ——— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Always

*Place of Death,* { Give street and number } 5 O Jas Lane

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lorel Cemetery

*Date of Burial,* July 31 1882

J. A. Gillis M. D.
Medical Attendant.

*Undertaker,* William Myers

*Place of Business,* No 62 East Fayette *Address,* 152 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 57917 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 28 1882 BALTIMORE

*Date of Death,* July 1 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Drummond

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laundress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Accomac Co Va

*Duration of Residence in the City of Baltimore,* 13 yrs

*Place of Death,* {Give street and Number.} 92 Aisquith

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Heart Disease 5 minutes

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 1 1882

*Undertaker,* H Rossmore

*Place of Business,* 95 Conway St

Alexander Tinsley M. D.,

Medical Attendant.

*Address,* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frommet Daniel

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* 70 *Years,* x *Months,* x *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give street and number} 211 South Broadway

*Cause of Death* First, (Primary,) Softening of Brain

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Four years

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Hebrew

*Date of Burial,* July 2

*Undertaker,* A. Eulau

*Place of Business,* 101 Light St

A Friedenwald M. D.
Medical Attendant.

*Address,* 811 N Eutaw Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

Permit No. 5 7 9 1 9 *Office of Registrar of Vital Statistics.* Ward 11 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia A. Bowzer,

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 28 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and number.} 51 Biddle Alley,

*Cause of death,* First, (Primary,) Convulsions,

Second, (Immediate,)

*Duration of Last Sickness,* 9 days.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 3. 1882

*Undertaker,* Walter Immel

*Place of Business,* 316 West Biddle St. *Address,* 275 N. Exeter St.

John A. Steuart M. D.,
Medical Attendant.

HEALTH DEPARTMENT JUL 2 3 1882 BALTIMORE MD.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57920 *Office of Registrar of Vital Statistics.* Ward 11 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1879 BALTIMORE

*Date of Death,* July 1 1879

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie N Fleet

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 ~~Years,~~ 3 ~~5~~ *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 38 Union St Balt.

*Duration of Residence in the City of Baltimore,* During life.

*Place of Death,* {Give street and number.} as above / Cholera Infantum

*Cause of death,* First, (Primary,)

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cemetery

*Date of Burial,* July 4

*Undertaker,* Walter Immel

*Place of Business,* 315 N Bradford *Address,* 570 Penna Ave

Pritchett, *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5792 / *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 1 — 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Salsman

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 70 *Years,* *Months,* *Days,*

*Color,*

*Married,* ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* Driver

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany 42 years

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* { Give street and Number. } 197 Preston St

*Cause of Death,* First, (Primary,) Ascites

Second, (Immediate,)

*Duration of Last Sickness,* 3 — weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July

*Undertaker,* Walter Imme

*Place of Business,* 315 W. Biddle *Address,*

H. J. Houck *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 7742 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Dawson

HEALTH DEPARTMENT JUL 2 3 1882 BALTIMORE

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* One *Years,* ——— *Months.* ——— *Days.*

*Color,* Brown

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* One year

*Place of Death,* {Give street and number.} 17 Hall St.

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Prostration

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* July 2nd 1882

*Undertaker,* A. J. Gardner

*Place of Business,* 63 Park Ave.

J. J. Gardner M. D.,
Medical Attendant.

*Address,* 1202 Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 59923 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1882 BALTIMORE

*Date of Death,* July 1st 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sabrie Adison

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 55 *Years,* 3 *Months,* 5 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Cook

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 8 Years

*Place of Death,* {Give street and number.} 12 Division St.

*Cause of Death,* First, (Primary.) General Debility

Second, (Immediate.) " "

*Duration of Last Sickness,* 15 Days in bed.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Calvary

*Date of Burial,* July 25 1882

*Undertaker,* Wm Jenkins

*Place of Business,* 62 Park Ave

J. H. Christian *M.D.,*
Medical Attendant.

*Address,* 431 Lemmon Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 67924 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1882 BALTIMORE

*Date of Death,* July 1 st. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen A. Chase

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 3 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and Number.} 396 E. Pratt St.

*Cause of Death,* First, (Primary,) Measles

Second, (Immediate,) Congestion of Brain

*Duration of Last Sickness,* 4 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 3rd 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 & Broadway

E. F. Sons M. D.,

Medical Attendant.

* Address, 375 E. Balto. St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5 7 9 2 5 *Office of Registrar of Vital Statistics.* Ward 1 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 8 1882 BALTIMORE

*Date of Death,* July 1st 12 40 P.M. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Oliver Legenfelter

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } X X X

*Occupation,* X X X

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 429 E. Avenue

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Collapsis

*Duration of Last Sickness,* Two days - saw it once.

All the above information should be furnished by the Physician.

*Place of Burial* Mt. Carmel Cemetery

*Date of Burial,* July 3rd 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

James E. Donnell M. D.,
Medical Attendant.

*Address,* 296 E. Balto. St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59926 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo E. Todd

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days,*

*Color,* W

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 3 mts

*Place of Death,* {Give street and Number.} 76 Port. Ave,

*Cause of Death,* First, (Primary,) Hemorrhage

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Dorchester County

*Date of Burial,* July 3

*Undertaker,* Bernard Hasla

*Place of Business,* 82 West St.

W. H. Ellis M. D.,
Medical Attendant.

*Address,* 310 Light St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2719 Frazier

# Board of Health, City of Baltimore,

Permit No. 37927 *Office of Registrar of Vital Statistics.* Ward 3 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1892 BALTIMORE

*Date of Death,* July 1st 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Ann Elizabeth Ridgley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Five *Months,* ..... *Days.*

*Color,* .....

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 693 N Dallas St

*Cause of death,* First, (Primary,) Dentition

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 2. 1892

*Undertaker,* J H Chase

*Place of Business,* 92 Howard St

Walter Fry *M. D.,*

Medical Attendant.

*Address,* 17 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57928 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 BALTIMORE

*Date of Death,* July 1. 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Ann Ackney

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laundress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Easton Maryland

*Duration of Residence in the City of Baltimore,* 45 years-

*Place of Death,* {Give street and Number.} 203 Raborg st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Heart Disease

*Duration of Last Sickness,* ½ hour

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 3 1892

*Undertaker,* S Wilson

*Place of Business,* 16 Howard St

Alexander Tinsley M. D.

~~Medical Attendant.~~

*Address,* Coroner.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

# Board of Health, City of Baltimore,

**Permit No.** 57929 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th 1882.

HEALTH DEPARTMENT JUL 3 BALTIMORE

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Jackson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 Years, Months, Days.

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* 3 yrs

*Place of Death,* {Give street and number.} 190. Raborg St

*Cause of death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* 12 Months

**All the above information should be furnished by the Physician.**

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 2 1882

*Undertaker,* C. Wehrase

*Place of Business,* 198 Howard St

A. C. Fox M. D.,
Medical Attendant.

*Address,* 506 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5 7 9 3 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Cunningham

HEALTH DEPARTMENT JUL 3 1882 BALTIMORE

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 30 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Tallahassee Florida

*Duration of Residence in the City of Baltimore,* from infancy

*Place of Death,* {Give street and number} 85 Division St

*Cause of Death* First, (Primary,) Invagination or strangulation of Intestine

Second, (Immediate,) Collapse

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 3 1882

Washington Brewer M. D.
Medical Attendant.

*Undertaker,* Andrews & Hodges

*Place of Business,* No 6 S. Howard Street

*Address,* 68 McCulloh Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 57931 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1882 BALTIMORE

*Date of Death,* July 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celey Young

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 4 *Months,* ——— *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 258 Raborg St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Quinsy

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* July 2=1882

*Undertaker,* William Lemmon

*Place of Business,* 62 East St

Chas. W. Gibson M. D.,

Medical Attendant.

Commissioner of Health

Address, Ex Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 57932 — *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

*Date of Death,* July 2, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis H Gloshouse

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* 23 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 12 — 2nd ave

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cem.

*Date of Burial,* July 3' 1882

James J Bosley M. D.,
Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St. *Address,* 319 Hartford

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 57933

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* ~~John Murphy.~~ July 1st, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Murphy

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 96 *Years,* —*Months,* —*Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Driver.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland 18 Years.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 203 S Gorrett St. Balto.

*Cause of Death,* First, (Primary.) Chronic Hepatitis

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* about 7 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* July 3rd 1882

*Undertaker,* Jos. B. Cook

*Place of Business,* No 707 W. Baltimore Street *Address,*

Thos. Shields, M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1882 BALTIMORE

*Permit No.* 57934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 1 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Neal

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 55 years

*Place of Death,* {Give street and number.} 233 Hoffman St

*Cause of Death,* First (Primary,)

Second (Immediate,) Senile Decay

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* Bal Cemetery

*Date of Burial,* July 3/82

L L Mackenzie M. D.
Medical Attendant.

*Undertaker,*

*Place of Business,* STEWART & MOWEN, UNDERTAKERS, 67 Franklin Ave.

*Address* 67 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 67935 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 8 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 30. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Wilmot,

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days,*

*Color,* Colored,

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and Number.} 10 W. Cub[illegible] St.

*Cause of Death,* First, (Primary,) Morbus Brightii

Second, (Immediate,) Anasarca

*Duration of Last Sickness,* 2 three months

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 2 1882

*Undertaker,* Thos F Lucas

*Place of Business,* 73 Jefferson

G. Glanville Ellis M. D.
Medical Attendant.

*Address,* Balt. & Paul. [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

# Board of Health, City of Baltimore,

Permit No. 57936 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1882 BALTIMORE

*Date of Death,* July 1st, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mc...

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* ... *Months,* ... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ...

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give street and Number.} No. 299 ...

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem'y

*Date of Burial,* July 3rd

*Undertaker,* ... Address, ...

*Place of Business,* 1 Bond 157

... M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No. 27937 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 30 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Lean

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days.*

*Color,* W

*Married,* ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} M

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give street and number.} 374 Bland

*Cause of death,* First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* unknown

All the above information should be furnished by the Physician.

*Place of Burial,* "Bonnie Brae"

*Date of Burial,* July 3rd/82

*Undertaker,* C. H. Kramer

*Place of Business,*

S. Sillman *M. D.,*
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 07938 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JUL 3 CITY BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Ricari

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* One *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 6 N Baltimore St

*Cause of Death,* First, (Primary,) Cholera infantum

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* July 3rd 1882

*Undertaker,* James O Byrne

*Place of Business,* N 63 N Front St

Jno A Steffenhagen M. D.,
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 07939 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Hamm jun.

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 1 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower.~~* { Cross out the word not required in this line. }

*~~Occupation~~,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } 110 S. Central

*Cause of Death,* { First, (Primary,) Encephalitis / Second, (Immediate,) Paralysis cerebralis

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 3rd 1882

*Undertaker,* Peter C. Schuh

*Place of Business,* 261 Aliceanna *Address,*

Thurber M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 5-1943 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Breitschwerdt

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~about 6~~ 4 years 2 months 1 day. *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 260 S. Broadway

*Cause of death,* First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore City

*Date of Burial,* July 4th 1882

*Undertaker,* John C Schenk

*Place of Business,* 265 Aliceanna

Geo. B. Reynolds M. D.,
Medical Attendant.

*Address,* Calvert Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 57941 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Reddick

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* Years, 5 Months, 28 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 398 Sharp St

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* July 3 87

*Undertaker,* Anstey & Denny

*Place of Business,* 1263

A. C. Bunch M. D.,
Medical Attendant.

*Address,* 151 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...tion for a Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57942 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 3 2 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2d " 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wallace

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 22 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Iron Worker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} England - 18 Yrs in U. S.

*Duration of Residence in the City of Baltimore,* 5 Months

*Place of Death,* {Give street and Number.} City Hospital -

*Cause of Death,* First, (Primary,) Tetanus

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 1 week + 3 days -

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 3rd

*Undertaker,* H. St. Finnis.

*Place of Business,* 1 St Central Av

J. Fraser Thomas M. D.,
Medical Attendant.

Address City Hospital.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 57943 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth Jamison Rollson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 9 *Months,* *Days.*

*Color,* wht

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 105 W. Biddle

*Cause of death,* First, (Primary,) marasmus

Second, (Immediate,) —

*Duration of Last Sickness,* 2 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Monday July 3d

*Undertaker,* Sinnott & Hodges

*Place of Business,* Dutch Hill Square 43

G Lane Donaghue M. D., Medical Attendant.

*Address,* 129 W Biddle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5744 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 3 1902 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Reeves

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 454 S. Durham st.

*Cause of Death,* First, (Primary,) Inanition

~~Second,~~ (Immediate,)

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Mount Carmel

*Date of Burial,* July 4th 02

*Undertaker,* Mr. Jack Fenty

*Place of Business,* 35 Bond

R. W. Mansfield M. D.,
Medical Attendant.

*Address,* 112 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

# Board of Health, City of Baltimore,

Permit No. 079445

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Ringgold

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 6 *Months,* 5 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 140 Harrison Lane

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 3 1882

*Undertaker,* William Burger

*Place of Business,* No 628 Sharp St

A. W. Coltman M.D.,

Medical Attendant.

*Address,* 840 N. Low Ave

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

# Board of Health, City of Baltimore,

Permit No. 57946

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 30th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nannie Herman Thomas

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Harford Co. Maryland

*Duration of Residence in the City of Baltimore,* About nine yrs

*Place of Death,* {Give street and number.} 77 N Charles St

*Cause of Death,* First, (Primary.) Pulmonary Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* About 3 yrs Duration

All the above information should be furnished by the Physician.

*Place of Burial,* Cypress Grove Cemetery Perry mans Station

*Date of Burial,* July 3rd 1882

*Undertaker,* H W Justice & Son

*Place of Business,* 75 N Charles St

Griffin Buckler M.D.

Medical Attendant.

*Address,* 135 N Charles St.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57947 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dan'l O'Neill McAlister

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 2 2 *Years,* 5 *Months,* 6 *Days.*

*Color,* w

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* merchant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 338 Light

*Cause of death,* First, (Primary,) Phthisis,

Second, (Immediate,) Diarrhoea

*Duration of Last Sickness,* 14 months

All the above Information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem.

*Date of Burial,* July 4.

*Undertaker,* M. P. Curran

*Place of Business,* 53 S. Broadway. *Address,*

S. Sellers M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorsey H. N. Robinson (Robinson)

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 4 8 *Years,* 4 *Months,* 5 *Days.*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Commission Merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Co.

*Duration of Residence in the City of Baltimore,* 23 Years

*Place of Death,* {Give street and number} 12 Edmondson ave

*Cause of Death* First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 4th 1882

Lewis M Eastman *M. D.*
Medical Attendant.

*Undertaker,* H Lehr Schaefer

*Place of Business,* 109 N Fremont *Address,* 249 Lexington

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 57749 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 12 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Radford

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* Four (4) *Years,* Six (6) *Months,* ——— *Days,*

*Color,* Colrid

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } No 10 Point Lane

*Cause of Death,* First, (Primary,) Scarlatina Malignia

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Three (3) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Franklinville Balto Co.

*Date of Burial,* July 9th, 1882

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 N. Gay St.

J. Worlow M. D.,
Medical Attendant.

Address, Point Lane

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 17 57960

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. JUL 3 2 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva May Millen Finnacé

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* *Years,* 14 — *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 628 E. Church st

*Cause of Death,* First, (Primary.) Syphilitic Diathesis

Second, (Immediate.) Syphilitic Abscess

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 3rd 1882

*Undertaker,* Thos. A. Denny

*Place of Business,* 263 Light

B F Shuter M.D.,

Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 07951 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1894 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 1 94

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Hutchens

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 8 *Months,* ..... *Days,*

*Color,* White -

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 213 St Paul St

*Cause of Death,* First, (Primary.) Cholera infantum

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 3

*Undertaker,* Mr Hutchens

*Place of Business,* ..... *Address,* .....

Geo B Reynolds M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5752 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Flynn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Born

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and Number.} 136 Linden Ave

*Cause of Death,* First, (Primary,) Exhaustion + Inherited Tuberculosis with Heart

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial* New Cathedral Cem

*Date of Burial,* July 3rd 1882

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

Edmund R Walker M.D.,
Medical Attendant.

*Address,* 183 Linden Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57953 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander H Marshall

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Painter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland Talbot Co

*Duration of Residence in the City of Baltimore,* 22 years

*Place of Death,* {Give street and Number.} 417 N Eden

*Cause of Death,* First, (Primary.) Scrofula

Second, (Immediate.) — Cancer Scrotal

*Duration of Last Sickness,* Many years

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 4th 1882

*Undertaker,* D E Thompson & Co

*Place of Business,* 320 Penna Ave *Address,* 64 N Paca St

W Hammond M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

12

Permit No. 57954

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. JUL 4 1882 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Lawrence Dresch

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 2 Months, 4 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 201 Mulberry St.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} St. Vincents Infant Asylum

*Cause of Death,* First, (Primary.) Inanition

Second, (Immediate.) Inanition.

*Duration of Last Sickness,* Lifetime -

**All the above information should be furnished by the Physician.**

*Place of Burial,* St. Alphonsus

*Date of Burial,* July 3 1882

*Undertaker,* C. Rosenberger

*Place of Business,* 70 Mulberry St

W. R. Morgan M.D.,
Medical Attendant.

*Address,* 119 W. Monument St.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

Section 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...completely fills in the blanks below, and to List of Diseases on back of this Certificate.

157

Permit No. 37955

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 1, 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Sudbrock

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 53 d *Years* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Saloon Keeper

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 28 yrs.

*Place of Death,* { Give street and number. } 146 Light St.

*Cause of Death,* First, (Primary.) Cancer of Stomach,

Second, (Immediate.) Cancer of Stomach,

*Duration of Last Sickness,* Complaining 3 yrs. Disabled 5 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Gem.

*Date of Burial,* July 4th 1882

*Undertaker,* C. F. Krause

*Place of Business,*

W. P. Thorpe M.D.,
Medical Attendant.

*Address,* 119 N. Monument St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

5-7956

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* ~~5-7756~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT JUL 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Byrn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* white *Sex,* male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Penton Carline Co. Maryland

*Duration of Residence in the City of Baltimore,* many years

*Place of Death,* {Give street and number.} 61. Mosher Street

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Old Age. / Three weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Parkwood MD J. F. Bell M. D.

Medical Attendant.

*Date of Burial,* July 4th 82 Maryland

*Undertaker,* Thos L Hughes *Address* 234 Madison Ave

*Place of Business,* 110 E Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

...pecially attention to the Remarks below. And to List of Diseases on Back of this Certificate.

17 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Amos Belt

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* Nearly 4 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 9 Burrough St

*Cause of Death* { First, (Primary,) Cholera Infantum
Second, (Immediate,)

*Duration of last Sickness,* About 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 4

*Undertaker,* B. Hurtt

*Place of Business,* 82 West St

Robert S. Rowe M. D.
Medical Attendant.

*Address,* 233 Light St & 143 Battery Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 57758 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 1882

*Full Name of Deceased,* (Write legibly and spell correctly. If an Infant not named, give names of parents.) Margaret Hart

*Sex, Male or Female,* (Cross out the word not required in this line.) Female

*Age,* 1 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* (Cross out the word not required in this line.)

*Occupation,*

*Birthplace,* (State or country, and how long in the United States, if of foreign birth.) Germany

*Duration of Residence in the City of Baltimore,* Since

*Place of Death,* (Give street and Number.) 7 Cooke la.

*Cause of Death,* First, (Primary,) Cholera

Second, (Immediate,) Infantum

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphons C.

*Date of Burial,* July 3

*Undertaker,* B. Hearl

*Place of Business,* 82 West St.

Chas. Smith M. D., Medical Attendant.

*Address,* 281 E. Chases St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57937 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 2, 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } James Albert Gamble

*Sex,* Male ~~or Female,~~ { Cross out the word not required in this line. }

*Age,* ~~_____~~ *Years,* Three *Months,* Five *Days.*

*Color,* White

*Married,* *Single,* ~~Widow or Widower,~~ { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and Number. } 104 South Fulton St

*Cause of Death,* { First, (Primary.) Cholera Infantum

Second, (Immediate.) Eleven days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cemetery

*Date of Burial,* July 4

*Undertaker,* J B Cook

*Place of Business,* 917 W Baltimore *Address,*

J. G. Guthrie M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18

# Board of Health, City of Baltimore,

Permit No. 57968

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH REGISTRAR JUL 1 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Winters

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 4 *Months,* 22 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 735 W. Fayette St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 3rd 1882

*Undertaker,* Jos B Cook

*Place of Business,* No 707 W Baltimore Street

I. Harvey Hill M.D.,
Medical Attendant.

*Address,* S.E. cor. Eutaw and Lexington

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57761 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Fran Thomas Dankerly

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 4 *Months,* 27 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 28 S Mount St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park Cemetery

*Date of Burial,* July 3

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore *Address,* .....

Lemuel Taylor M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 57962 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 4 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 2. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Valiant

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 86 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} /

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Snow Hill Md

*Duration of Residence in the City of Baltimore,* Many years

*Place of Death,* {Give street and Number.} Aged Woman's Home

*Cause of Death,* First, (Primary,) old age

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* Mount Olivet Cemetery.

*Date of Burial,* July 4" 188[illegible] 4 P.M.

*Undertaker,* ~~W. W.~~ Jenkins & Son

*Place of Business,* 95 St. Charles

A. M. Wilson M. D., Medical Attendant.

*Address,* 257 Mad Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Return to the Numbers below, due to List of Diseases on Back of this Certificate.

12
Permit No. 57963

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta B. Brown

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* 7 *Months,* 9 *Days.*

*Color,* W

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* House Keeping

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 15 yrs

*Place of Death,* {Give street and number.} 531 Fremont St

*Cause of Death,* First, (Primary.) Consumption complicated by a cancer

Second, (Immediate.)

*Duration of Last Sickness,* 12 Weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* Petersburg Va.

*Date of Burial,* July 3d 1882

*Undertaker,* Wm Weaver

*Place of Business,* No 203 N. Eutaw St

Chas E Sutter M.D.,
**Medical Attendant.**

*Address,* 465 Druid Hill Ave

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 17964 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Priester

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... 8 *Months,* ... 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 6 Months

*Place of Death,* {Give street and number.} 308 W Pratt St

*Cause of death,* First, (Primary,)

Second, (Immediate,) Inflammation of the brain

13 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* July 3rd 1882

*Undertaker,* Wm. Steward

*Place of Business,* 35 S Eutaw

J H Emmey M. D.,
Medical Attendant.

*Address,* 76 State St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...NUMBERS BELOW, AND TO LIST OF Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 3 July 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis W. Hoffman

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 1 *Years,* Three *Months,* Thirty *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* 0

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number } 12 Bakers Court

*Cause of Death,* { First, (Primary,) Bronchitis capillaris / Second, (Immediate,) }

*Duration of last Sickness,* Six Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 4

*Undertaker,* Mrs P Kummer

*Place of Business,* 317 Madison

Hope *M. D.*
Medical Attendant.

*Address,* 583 Lexington Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...respectfully referred to the Memoranda Below. and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5796 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Parker Bonawell

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 7 *Months,* 25 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 128 S. Collington Avenue

*Cause of death,* First, (Primary,) Diptheria

Second, (Immediate,) asthenia

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Accomac Co. Va.

*Date of Burial,* July 4. 1882

*Undertaker,* M. A. Dazier

*Place of Business,* 74 S. Broadway

Jno. S. Lynch M. D.,
Medical Attendant.

*Address,* 128 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Hennig

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* —— *Years,* 6 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 73 Hanford Ave

*Cause of Death* First, (Primary,) Cholera Infantum (Acute)

Second, (Immediate,) .....

*Duration of last Sickness,* about two days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 4th

D. M. La Thull M. D.
Medical Attendant.

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Gilmor and Address, 2 W Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 67968 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Mayer

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 22 Hartford ave

*Duration of Residence in the City of Baltimore,* Infant

*Place of Death,* {Give street and number.} 22 Hartford ave

*Cause of death,* First, (Primary,) Undefined

Second, (Immediate,)

*Duration of Last Sickness,* 4 Month

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 3d

*Undertaker,* H. O. Wiedefeld

*Place of Business,* 90 Greenmount ave

E. H. Dutton M. D.,
Medical Attendant.

*Address,* 151 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57969 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 4 1882

*Date of Death,* July 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Francis Ashby Means

*Sex, Male* ~~Female~~; {Cross out the word not required in this line.}

*Age,* 7 *Years,* 11 *Months,* 29 *Days.*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~; {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 29 N. Pine St.

*Cause of Death,* First, (Primary.) Consumption of bowels

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial* Green Mount

*Date of Burial,* July 4th 1882

*Undertaker,* Henry W. Means

*Place of Business,* 45 N. Gay St.

J. H. Hoffman M. D., Medical Attendant.

Address, 277 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57970 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julius Jourdant

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 3 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 287 N Gay St

*Cause of Death,* First, (Primary,) Indigestion

Second, (Immediate,) Inanition

*Duration of Last Sickness,* Several weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alfansus Cemetery

*Date of Burial,* 3d of July

*Undertaker,* Adam Fink

*Place of Business,* 461 W Gay St Address, 25 Maryland Ave

W. H. Grimes M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57971 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E Rofs

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* 5 *Months,* ____ *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number.} No 98 Chestnut alley

*Cause of death,* First, (Primary,) ____

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetry

*Date of Burial,* July 4th 1882

*Undertaker,* Matthews Cadogan

*Place of Business,* 227 Madison st

James S. Fulks M. D.,
Medical Attendant.

*Address,* 134 Park st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physician below, and to...ry of Disease on back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57972 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Virginia Burgman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 46 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 40 yrs

*Place of Death,* {Give street and Number.} nr. 4 S. Durham St.

*Cause of Death,* First, (Primary,) Heart disease

Second, (Immediate,) ~~Stroke~~

*Duration of Last Sickness,* About 18 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Cemetery

*Date of Burial,* July 3 1882

*Undertaker,* Wm. B. Locke

*Place of Business,* 173 Jefferson

C. P. Burns M. D.
Medical Attendant.

*Address,* 375 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57973 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 2nd of July

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Liol May

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* Years, 2 1/2 Months, Days,

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 61 Oxford St

*Cause of Death,* First, (Primary,) Dissentary

Second, (Immediate,) 2 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* 3 of July

*Undertaker,* Wm. J. Gray

*Place of Business,*

Chas. H. Denson M. D.,
~~Medical Attendant.~~

*Address,* Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No 7974

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57974 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 3oa 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa R Frank

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 3 *Months,* 10 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 73 Sharp St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 4th 1882 Theodore Cook M. D.,

Medical Attendant.

*Undertaker,* Ernst Schloman

*Place of Business,* 200 Sharp St *Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57975 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ufmann

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 15. *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* "

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 111 S Sharp.

*Cause of death,* First, (Primary,) Choera

Second, (Immediate,) Cerebral Congestion & Coma

*Duration of Last Sickness,* 3 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 5th 1882

*Undertaker,* Geo W Skinner

*Place of Business,* 208 Sharp St

Louis Ch Horn, M. D., Medical Attendant.

*Address,* Cor Mulberry & Myrtle Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5776 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday July 2nd. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hugg.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 96 *Years,* 6 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County.

*Duration of Residence in the City of Baltimore,* 86 Years

*Place of Death,* {Give street and number.} 234 Clifton Place

*Cause of death,* First, (Primary,) Malarial Fever Complicated with Bilious Agueten

Second, (Immediate,) Exhaustion incident to advanced Old Age

*Duration of Last Sickness,* 14 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 4th

*Undertaker,* Geo. Schildknecht

*Place of Business,* —

Wilmer Dorsey M. D., Medical Attendant.

*Address,* 25½ Greenmount ave.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5-7977 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 3d. July 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Dietel

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* — *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~~

*Occupation,* ~~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give street and number.} Gay street 27½.

*Cause of death,* First, (Primary,) Convulsions.

Second, (Immediate,)

*Duration of Last Sickness,* 12 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 4th

*Undertaker,* Geo Schilling

*Place of Business,*

William Henkel M. D.,
Medical Attendant.

*Address,* S. Wolfert's H.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18

Permit No. 57978

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Shelmy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 1 *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 129 Washington Ave

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* 10 Days.

**All the above information should be furnished by the Physician.**

*Place of Burial,* Elkridge Landing.

*Date of Burial,* July 4th 1882

*Undertaker,* J. B. Crook

*Place of Business,* 707 W. Balto St *Address,* 343 W. Lombard

A. W. Colburn M.D.,
**Medical Attendant.**

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office whence issued, Saturday of each week. See on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 7767 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Keleen

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Selve Boy

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Basin foot of Caroline st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Drowning

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents' Cemetery

*Date of Burial,* July 4 1882 Alexander Tinley M. D.

Medical Attendant.

*Undertaker,* Jas C Byrne

*Place of Business,* 63 Hanover *Address,* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5798 Board of Health, City of Baltimore.

Permit No. 2721 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lambdin

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 76 *Years.* — *Months.* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Farmer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Taylors Island

*Duration of Residence in the City of Baltimore,* 15 days

*Place of Death,* {Give street and number.} 150 Hanover St.

*Cause of death,* First, (Primary,) Asthma

Second, (Immediate,) Dropsy

*Duration of Last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Cambridge Md.

*Date of Burial,* July 3rd/82

*Undertaker,* C. D. Krause

*Place of Business,*

R. G. [illegible] M. D.,
Medical Attendant.

*Address,* Hanover & Barre[illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 37981

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57982 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 4 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Mateu

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* ..... 10 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 248 S Broadway.

*Cause of Death,* First, (Primary,) Internal Convulsions

Second, (Immediate,)

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* July 4th

*Undertaker,* John Herring

*Place of Business,* 382 Orleans St

John H. Kehberger M. D.,
Medical Attendant.

*Address,* # 243 Aliceanna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57982 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 4 1882 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Frisi

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* 10 *Days,*

*Color,* White

*~~Married, Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balti

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and Number.} 290 N Durham St

*Cause of Death,* First, (Primary,) Congenital Dementia

Second, (Immediate,) Meningitis

*Duration of Last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 4th 1882

*Undertaker,* Henry Forek

*Place of Business,* 309 N Central Ave

A Lingenheyer M. D.,
Medical Attendant

*Address,* 11 S. 14th St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 67983 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lewis

~~Sex,~~ *Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Thirty *Years,* *Months,* *Days,*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Thirty years

*Place of Death,* {Give street and Number.} Baltimore City

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of Last Sickness,* Two months.

All the above Information should be furnished by the Physician.

*Place of Burial,* West Pub Laurel

*Date of Burial,* July 3/82

*Undertaker,* Phil A Kochmer

*Place of Business,* 508 Carrollton Ave

C. W. Mitchell M. D.

Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

...Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57984 *Office of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mulkern

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* abt 55 *Years,* — *Months,* — *Days.*

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } —

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } E. O. Station

*Cause of Death,* First, (Primary,) 3 Natural Causes *

Second, (Immediate,) 3

*Duration of Last Sickness,* abt 3 hours

All the above information should be furnished by the Physician.

*Place of Burial,* C. Balt. P. Cemetery

*Date of Burial,* July 3

*Undertaker,* [illegible]

*Place of Business,* [illegible]

Murphy M. D.,
Coroner Medical Attendant.

*Address,* 6 & E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

* Intemperance & Exposure (supposed)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57785 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July the 2th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Collopy

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 29 years

*Place of Death,* {Give street and Number.} No. 80 Boyd Street

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* 5 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Burial

*Date of Burial,* July the 3th

*Undertaker,* John B. Cook

*Place of Business,* 707 W Baltimore *Address,*

M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7980

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57586 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 3 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Graber

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 39 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 10 days

*Place of Death,* { Give street and Number. } 8 Towson St Locust Pt

*Cause of Death,* First, (Primary,) Unknown Inflammation of Bowels

Second, (Immediate,) Unknown Ten days

*Duration of Last Sickness,* 14 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* July 5th 1882

*Undertaker,* H Hanlon

*Place of Business,* Park St *Address,* Geo W. Benton M. D., ~~Medical Attendant~~

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Dan'l Ludwig

of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 7987 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 29th June 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Hannah Robinson

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* about 5-6 *Years,* — *Months,* — *Days,*

*Color,* Black

*Married,* ~~Single, Widow or Widower;~~ { Cross out the word not required in this line. }

*Occupation,* Laundress

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } ~~about 20 years~~ Maryland

*Duration of Residence in the City of Baltimore,* about 20 years

*Place of Death,* { Give street and Number. } No 4 Shields alley

*Cause of Death,* First, (Primary,) Suffocated Hand drowning

Second, (Immediate,) Drowning

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Church Home Cemetery

*Date of Burial,* July 1st 1882

*Undertaker,* J Gorter

*Place of Business,* 63 Pratt Ave

Claud Von Bibber M. D., Medical Attendant.

*Address,* 97 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

See following Certificate

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. .....

# Board of Health, City of Baltimore,

Permit No. 57987 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Said to have been on 29th June 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Said to have been Harriet A Robinson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Said to have been Female.

*Age,* Said to have been 50 *Years,* ..... *Months,* ..... *Days,*

*Color,* Said to have been Color'd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Said to have been Married.

*Occupation,* Said to have been Laundress.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Said to have been Maryland

*Duration of Residence in the City of Baltimore,* Said to have been 30 years.

*Place of Death,* {Give street and Number.} Said to have been 204 Child's Alley.

*Cause of Death,* First, (Primary,) Unknown

Second, (Immediate,) unknown.

*Duration of Last Sickness,* Not Said to have been sudden

All the above information should be furnished by the Physician.

*Place of Burial,* Steuarts Burying Ground

*Date of Burial,* July 1st 1882

*Undertaker,* Inv. Jordan

*Place of Business,* 63 Park Ave

McEvan Bibbins M. D.,
Medical Attendant.

*Address,* 47 Franklin St
for Dr Alan McEvan Bibbins

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 4984

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57988 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 4 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schriefer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* [redacted] *Years,* 6 *Months,* *Days,*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 70 N Washington bet Eastern

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) "

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon

*Date of Burial,* July 4th 1882

*Undertaker,* [redacted]

*Place of Business,* [redacted]

Geo. W. Dixon M. D.,

~~Medical Attendant.~~

*Address,* Conn of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Edward Colgate M.D.

[OVER.]

... each week. No. 57989

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57989 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 4 1882 BALTIMORE

*Date of Death,* July 2d

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Connell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* ... *Months,* 1 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ...

*Occupation,* ...

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give street and Number.} 190 N. Gay St.

*Cause of Death,* First, (Primary,) ...

Second, (Immediate,) Spasms

*Duration of Last Sickness,* 1 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 4th 1882

*Undertaker,* Henry W. Mears

*Place of Business,* 46 N. Gay St. *Address,* ...

W. Gaddis M. D.,
Medical Attendant.

Address, 190 N. Gay St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 7490

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57990

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Purcell

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Bricklayer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Richmond County, Va.

*Duration of Residence in the City of Baltimore,* About 10 years

*Place of Death,* {Give street and number} 448 E. Eager St.

*Cause of Death,* First, (Primary,) Continued Fever & Diarrhea

Second, (Immediate,) Exhaustion.

*Duration of last Sickness,* About 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery A

*Date of Burial,* July 4 1882

*Undertaker,* John W. Jackson

*Place of Business,* Cor Gay & Eager, *Address,* 342 N. Broadway

Removed To Mt. Olivet April 3/83.

John F. White M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

15

Permit No. 5799

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT, BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora L. James

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

*Age,* 9 *Years,* 6 *Months,* *Days.*

*Color,* White

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Dorchester Co 3 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 155 Hilbrien Ave

*Cause of Death,* First, (Primary.) Burn

Second, (Immediate.) No Reaction

*Duration of Last Sickness,* 20 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Dorchester Co

*Date of Burial,* July 5 1882

*Undertaker,* Austin & Denny

*Place of Business,* 263 Light St

H. B. Noble M.D.,
Medical Attendant.

*Address,* 50 Warren Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 37992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 37992 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah C. Poole

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3. *Years,* — *Months,* 9 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 187 Marsh

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 4

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

[illegible] M. D.,
Medical Attendant.

*Address,* 246 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No 57993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57993 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Taylor.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 3 *Months,* *Days,*

*Color* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 228 West St.

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 4

*Undertaker,* H Ross

*Place of Business,* 95 Lombard St.

W. S. Booze M. D.,
Medical Attendant.

*Address,* 206 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5794

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18 5794

Permit No. 5794

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Bultocke

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* at home

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 190 Saratoga St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* Twenty four hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 4th 1882

*Undertaker,* H Lewis Schaefer

*Place of Business,* 109 N Fremont *Address,* 210 57 N Paca St

Chr. F. Owens M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.---*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 57995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 13 Board of Health, City of Baltimore,

Permit No. 57995

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Myers

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* — *Years,* 8 *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 44 ~~Little Rose St~~ 2 North St.

*Cause of Death* { First, (Primary,) Cholera Infantum
Second, (Immediate,) Anemia

*Duration of last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Charles St Cemetery

*Date of Burial,* July 4th 1882

*Undertaker,* Wm L Gray

*Place of Business,* 65 Mulberry St

J. C. A. Gillis M. D.
Medical Attendant.

*Address,* 150 N Eutaw St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER.

No. 7772

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57996 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~John Stewart Howard~~ John Stewart Howard

*Sex,* Male ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 3 Years, 3 Months, 17 Days.

*Color,* White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 143 W Biddle St

*Cause of Death,* First, (Primary,) Otitis Media followed by Scarlatina Fever & Diphtheria

Second, (Immediate,) Extension of disease from ear to Brain

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 4th 1882

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

Elias C Price M.D.,
Medical Attendant.

*Address,* 764 Mount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention [illegible] is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

9 5799

# Board of Health, City of Baltimore,

Permit No.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles J. Welch

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 0 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 92 S. Charles

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 4th 1882

J. L. Ulery *M.D.,*

Medical Attendant.

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 N. Gay St *Address,* 158 Hanover St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

6

# Board of Health, City of Baltimore,

Permit No. 57998

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

JUL 4 1882
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Treacy

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 111 N Eden St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Consumption

*Duration of Last Sickness,* 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 6th

*Undertaker,* George Schilling

*Place of Business,* Ashland Square

O S Mahon *M.D.,*
Medical Attendant.

*Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

1999

20

# Board of Health, City of Baltimore,

Permit No. 57999

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 2d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily Evans

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* —— *Years,* 3 *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Infant

*Occupation,* 0

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Co. Md.

*Duration of Residence in the City of Baltimore,* 4 1/2 months

*Place of Death,* {Give street and number.} 38 Woodyear st

*Cause of Death,* First, (Primary.) Diarrhoea.

Second, (Immediate.) Cerebral Meningitis

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Woodberry

*Date of Burial,* July 4th

*Undertaker,* C. H. Blizzard

*Place of Business,* 178 Penna ave

H. H. Sheridan M.D.,
Medical Attendant.

*Address,* 431 Penna ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible] Certificate.

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

Permit No. 17 58008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 2" 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuben F. Hohn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Rail Road Engineer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} ~~Ireland~~ Maryland

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give street and number.} 619 Hanover st

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.) Eighteen Months

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 5th 1882

*Undertaker,* Jno F. Loane

*Place of Business,* 654 W. Balto St

O. A. Cooke M.D.,

Medical Attendant.

*Address,* 513 Light st

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# // Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 58001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Anderson

*Sex, Male or Female,* { cross out the word not required in this line. } male

*Age,* // *Years,* // *Months,* // *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State of country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* // Minutes

*Place of Death,* { Give street and number } 7 Little Russ

*Cause of Death,* { First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lowe Cemetery

*Date of Burial,* July 4th 1882

*Undertaker,* Wm F Bailey Jr.

*Place of Business,* 9 S Dittmar Av

J. A. Gillis M. D.
Medical Attendant.

*Address,* 150 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTED BY J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

H

Permit No. 38002

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT
JUL 4 1882
BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July. 2, 1882,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizibeth Dine,

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days.*

*Color,* White,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Housewife,

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany,

*Duration of Residence in the City of Baltimore,* 46 Years,

*Place of Death,* {Give street and number.} 72. Central ave,

*Cause of Death,* First, (Primary.) Femoral Hernia,

Second, (Immediate.) Peritonitis,

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Paulas' Cemtr

*Date of Burial,* July 4 the 1882

J. W. Chambers M.D.,
Medical Attendant.

*Undertaker,* H. Hofmann

*Place of Business,* 63 N. Eden St. *Address,* 133 N Eden St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5800 3 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Rieker

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* 5 — *Months,* — *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 6 months

*Place of Death,* {Give street and Number.} 5 Marshall St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Typhomalarial Fever

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 4

*Undertaker,* B. Hearle

*Place of Business,* 82 West } *Address,* 146 Hanover St

Theodore Cook M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5-8004 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rothholz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 12 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 667 Lexington st

*Cause of Death,* First, (Primary,) .....
Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* about 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Hebrew Cemetery

*Date of Burial,* July 4th

*Undertaker,* H McElan

*Place of Business,* 101 Gough st

W. K. McBrien M. D.,
Medical Attendant.

*Address,* 582 W. Lafayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-8005 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Brien

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* Coll

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 81 Jasker St

*Cause of death,* First, (Primary,) consumption

Second, (Immediate,)

*Duration of Last Sickness,* 3 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Lowe cemetery

*Date of Burial,* July 2 1882

G Lane Tanyhill M. D.,
Medical Attendant.

*Undertaker,* [illegible]

*Place of Business,* No 62 East [illegible] *Address,* 179 N Eddale

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5806 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Seibert

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 48 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 210 Burgundy Alley

*Cause of Death,* First, (Primary,) Inflammation of Brain

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 5th 1882

*Undertaker,* C. Schlosser

*Place of Business,* 200 E. Baltimore St.

W. S. Booze M. D.,
Medical Attendant.

*Address,* 206 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

# Board of Health, City of Baltimore,

Permit No. 5800 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Rogers

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* W. *Years,* 10 *Months,* 7 *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} D. C.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 116 N. Durham

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 3 days

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Evangelists Cem

*Date of Burial,* July 4 1882

*Undertaker,* Sanders & Sk

*Place of Business,* 212 Central Av *Address,* 414 N Broadway

Jas L Mitchell M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 18008 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharina Linkham

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* 4 *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 36 years

*Place of Death,* {Give street and number.} 195 Pa ave

*Cause of death,* First, (Primary.) Pneumonia

Second, (Immediate,) asphyxia

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* July 4th

*Undertaker,* C. H. Blizzard

*Place of Business,* 181 Penna ave

C Winslow M. D.,
Medical Attendant.

*Address,* 213 McCulloh st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health. City of Baltimore.

Permit No. 58009 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Cromwell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 20 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Servant Girl

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore all her life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 128 Cider Alley

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Spr

*Date of Burial,* July 4th 1882

*Undertaker,* Fiza Locke

*Place of Business,* 73 Jefferson St

Wm B Turner M. D.,
Medical Attendant.

*Address,* 64 N Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58810 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin E. Tittle

*Sex, Male or Female,* { Cross out the word not required in this line. } —

*Age,* — *Years,* — *Months,* 11 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 28 Rock

*Cause of Death,* First, (Primary,) Intestinal Catarrh

Second, (Immediate,)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* July 4th 1882

Chas. L. Buchrean M. D., Medical Attendant.

*Undertaker,* William Gardiner

*Place of Business,* 22 Hillen St. Address, 283 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

17

# Board of Health, City of Baltimore,

Permit No. 58011

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julius F. Sass

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 1 *Years,* 3 *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number. } 634 Light St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Small Pox

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* July 5/82

*Undertaker,* Armstrong & Lenny

*Place of Business,* Light St

Geo. W. Denson M.D.,

~~Medical Attendant.~~

*Address,* Bd of Health

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown Inspector

3

# Board of Health, City of Baltimore,

Permit No. 58012

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 4. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Carr.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male.

*Age,* 69 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Married.

*Occupation,* Merchant Tailor

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ~~23~~ Life

*Place of Death,* {Give street and number.} No 2 S. 1 Broadway.

*Cause of Death,* First, (Primary.) Tuberculosis.

Second, (Immediate.) Renal Granular Degeneration. Developing Uremic poison.

*Duration of Last Sickness,* 2 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 7th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 651 Broadway

Jn. F. Powell M.D.,
Medical Attendant.

*Address,* 227 Carroll Ave

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58013 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John K Slayman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* — *Months,* — *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Penna

*Duration of Residence in the City of Baltimore,* 9 yrs

*Place of Death,* {Give street and Number.} 60 Saratoga St.

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,) Bronchitis Effusion

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemt

*Date of Burial,* July 4 th 1882

*Undertaker,* J. A. McCay Heo

*Place of Business,* 77 W Fayette St *Address,* 47 Franklin St

W. C. Van Bibber M.D.
Per Chas. R. Van Bibber M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58014 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEAL BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Green

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* 15 *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Port de Paix Hayti

*Duration of Residence in the City of Baltimore,* 18 Months

*Place of Death,* {Give street and Number.} 54 Frame Ct

*Cause of Death,* First, (Primary,) Croup

Second, (Immediate,) Croup

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Wyatt's~~ Green Mt

*Date of Burial.* July 5th 1882

*Undertaker,* G Frame

*Place of Business,* Back & Wolfe Sts

Geo. W. Dixon M. D.,
Medical Attendant.

Address, Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58015 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Leadtke

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 10 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} # 34 Potomac St.

*Cause of Death,* First, (Primary,) Internal Convulsions

Second, (Immediate,)

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cem

*Date of Burial,* July 6. 1882

*Undertaker,* H. Bartlett & Son

*Place of Business,* 202 Centre St

John H. Rehberger M. D.,
Medical Attendant.

*Address,* 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

# Board of Health, City of Baltimore,

Permit No. 58016 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alma Irene Brom

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 0 *Months,* 8 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} # 237 Canton av.

*Cause of Death,* First, (Primary,) Meningitis.

Second, (Immediate,)

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* July 5 1882

John H. Kehlberger M. D.,
Medical Attendant.

*Undertaker,* H. Sanders & Son

*Place of Business,* 252 Canton Av. Address, # 143 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58817 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } John E Tillman

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* — *Years,* — 3 — *Months,* 13 *Days.*

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } 87 N. High st

*Duration of Residence in the City of Baltimore,* 3 m. 13 da-s

*Place of Death,* { Give street and Number. } 87 N High st

*Cause of Death,* { First, (Primary,) Cholera Infantum
Second, (Immediate,) }

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 5th 1882

*Undertaker,* Henry Scheithais

*Place of Business,* 269 E. Monument

J Edmund Gorsuch M. D., Medical Attendant.

*Address,* Aisquith & Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Bal...

Permit No. 10 5-8016

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Lautenbach

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~ *Years,* 8 *Months,* ~ *Days.*

*Color,* White

*~~Married, Single,~~ Widow or Widower,* {Cross out the word not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} b[illegible] N. Eutaw St

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} b[illegible] N. Eutaw St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* 1 day

All the above Information should be furnished by the Physician.

*Place of Burial,* Bloomer Cem

*Date of Burial,* July 5

*Undertaker,* Andrews & Hodges

*Place of Business,*

Geo. W. Dawson M.D.,
Medical Attendant.

*Address,* 54 N Eutaw St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58619 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4th - 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sweeney.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 11 *Months,* —— *Days,*

*Color,* White

*~~Married~~ Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,* Life —

*Place of Death,* {Give street and Number.} St. Vincent's Infant Asylum

*Cause of Death,* First, (Primary,) Cholera Infantum —

Second, (Immediate,)

*Duration of Last Sickness,* 1 day —

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 5th 1882.

*Undertaker,* P. F. Hunt

*Place of Business,* Hunt & Irwin *Address,* Holliday & Calhoun

R. H. Goldsmith, M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6 58028

# Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* July 3rd, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann McKan

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} S. Chapel South of Lemmon St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Paralysis of Heart

*Duration of Last Sickness,* Was attended twelve days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 6th 1882

*Undertaker,* Tippell

*Place of Business,* South Bond St. *Address,* S. W. Calvert & Read Sts

John B. Monmonier M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58021 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine Drucker

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, Six Months, One Days.

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} No. 85 Bank Street

*Cause of death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* July 5th

*Undertaker,* Wendel & Pippet

*Place of Business,* S. Bond st. 151

Wm. H. Cleudinen, M. D., Medical Attendant.

Address, No. 102 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That hereafter any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or was called, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Frances Beck

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 12 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 97 Mosher St.

*Cause of Death* { First, (Primary,) Cholera Infantum
, { Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Govenstown

*Date of Burial,* July 5

*Undertaker,* C. H. Blizzard

*Place of Business,* 198 Penn

C. Fawcett *M. D.*
Medical Attendant.

*Address,* 92 Mosher St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 18023 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Isaiah Small

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 1 *Years,* *Months,* 16 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 1102 E Baltimore St.

*Cause of Death,* First, (Primary,) Spasms

Second, (Immediate,)

*Duration of Last Sickness,* 1 hour

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's Cem

*Date of Burial,* July 5th 82

*Undertaker,* G. France

*Place of Business,* Penn & Wolfe Sts

W. Brantley, *M. D.,*
Medical Attendant.

Address, 1102 E Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1

# Board of Health, City of Baltimore,

Permit No. 5802-4

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentine Summerle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 109 Elliott St.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 109 Elliott St

*Cause of Death,* First, (Primary.) Measles

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 da

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* July 6th 82

E. J Williams *M.D.,*

Medical Attendant.

*Undertaker,* G. France

*Place of Business,* Bantz & Wolfe, *Address,* 53 Elliott

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58825 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Knebel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... 7 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} 318 S. Ballard St.

*Cause of Death,* First, (Primary,) Enteri- colliti

Second, (Immediate,)

*Duration of Last Sickness,* Fourteen days.

All the above Information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 6th 82

*Undertaker,* G. Franz

*Place of Business,* Barth & Wolf St.

John Hu Kebeyer M. D.,
Medical Attendant.

*Address,* 1143 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

*Permit No.* 58026 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JUL 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Knuss

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow~~ or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Sailor

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Isle of Man

*Duration of Residence in the City of Baltimore,* 40 yrs

*Place of Death,* {Give street and number} 116 Gough St

*Cause of Death* {First, (Primary,) Gastro Enteritis

{Second, (Immediate,) Paralysis of Heart

*Duration of last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* July 6th 1882

*Undertaker,* John L Mackie

*Place of Business,* No 150 Canden St

G. H. Branham M. D.
Medical Attendant.

*Address,* 359 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58027 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas F. Thuley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 7 *Months,* 7 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Richmond Va.

*Duration of Residence in the City of Baltimore,* 2 years.

*Place of Death,* {Give street and number.} 7 Long St.

*Cause of death,* First, (Primary,) 0

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 24 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Lutheran Cemetery near Druid Hill Park

*Date of Burial,* July 6 1882

*Undertaker,* James P. Byrne

*Place of Business,* No 63 N Front

Edward R. Childs M. D.,
Medical Attendant.

*Address,* 7 Long St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5 8028 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 4. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie R Hoback

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days.*

*Color,* White

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 350 Conway st

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial* Western cemetery

*Date of Burial,* July 5th 1882

*Undertaker,* Wm R Cook

*Place of Business,* No 707 W Baltimore stree

James Bowley M. D.,
Medical Attendant.

*Address,* 319 Hollins st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 58029 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1882.

*Full Name of Deceased,* (Write legibly and spell correctly. If an infant not named, give names of parents.) Geo. Smith

*Sex, Male* ~~or Female,~~ (Cross out the word not required in this line.)

*Age,* Three *Years,* five *Months,* 20 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ (Cross out the word not required in this line.)

*Occupation,*

*Birthplace,* (State or country, and how long in the United States, if of foreign birth.) Balto. Md.

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* (Give street and Number.) 894 W. Pratt St.

*Cause of Death,* First, (Primary,) Diphtheria & Scarlet Fever

Second, (Immediate,)

*Duration of Last Sickness,* five days

All the above information should be furnished by the Physician.

*Place of Burial* Mt. A. Cemetery

*Date of Burial,* July 6th 1882

*Undertaker,* Jos Booth

*Place of Business,* No 707 W. Baltimore Street

J. G. Cornthwaite M. D., Medical Attendant.

*Address,* 584 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# 18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 4. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ann Kelly.

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 53 *Years,* 2 *Months,* *Days.*

*Color,* White.

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Seamstress.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Accomac Co. Va.

*Duration of Residence in the City of Baltimore,* 30 yrs.

*Place of Death,* {Give street and number} 3 Walker St.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Exhaustion.

*Duration of last Sickness,* about one year.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* July 6' 1882

A. G. Watts M. D.
Medical Attendant.

*Undertaker,* R. B. Cook

*Place of Business,* Next to Baltimore Street

*Address,* 106 Columbia Av.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* 4th July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Farrell

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 52 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* {Give street and number} 374 W. Lexington St.

*Cause of Death,* First, (Primary,) Tuberculas Consumption of Lungs
Second, (Immediate,) & Bright's

*Duration of last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* July 6th 1882

N. W. Littell, M. D.
Medical Attendant.

*Undertaker,* Jos L. Cook

*Place of Business,* No 704 Baltimore Street *Address,* 380 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 38852 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Lenselmann

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* —— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower.~~* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Olivia Alley near Belvidere

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial* Balto Cemetery

*Date of Burial,* 6 July

*Undertaker,* L. Shilling

*Place of Business, or Residence,* Monument Address, 36 Monument Ave

Silas W. Hamilton M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 1 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. H. Ihis

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* 3 *Months,* 14 *Days.*

*Color,* Ed

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ohio St

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} Ohio St 195

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Cemetery

*Date of Burial,* July 5 1892

G. W. Ames M. D.
Medical Attendant.

*Undertaker,* William Mings

*Place of Business,* No 62 East St

*Address,*

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58034 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Spence

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* Eight (8) *Months,* ..... *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number.} 132 101 E. Bethel St

*Cause of death,* First, (Primary,) Measels

Second, (Immediate,) "

*Duration of Last Sickness,* Seven Days

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Cemetery

*Date of Burial,* July 5 1882

*Undertaker,* Wm Monroe

*Place of Business,* No 62 East St

Whitfield Wilson M. D.,
Medical Attendant.

*Address,* 115 E. Fayette St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2 *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 16 58035

# Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT JUL 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 5 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Johnson

*Sex, Male or ~~Female.~~* {Cross out the word not required in this line.}

*Age,* — *Years,* — */ Months,* — *Days.*

*Color,* M

*Married, Single, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 117 Harmony Lane

*Cause of Death,* First, (Primary.) Laceration

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Life time

All the above information should be furnished by the Physician.

*Place of Burial,* Second Cemetery

*Date of Burial,* July 5 1882

*Undertaker,* William Lange

*Place of Business,* No 62 E 8th St

C B Billard *M.D.,*

Medical Attendant.

*Address,* Homoeo Free Dispensary

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 2d 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Pamela Malon.

*Sex,* ~~*Male*~~ *or Female,* { cross out the word not required in this line. }

*Age,* 58 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

*Duration of Residence in the City of Baltimore,* 58 Years.

*Place of Death,* { Give street and number } *38 Eden St

*Cause of Death,* First, (Primary.) Entero colitis - peritonitis supervening

Second, (Immediate,) Asthenia produced by dementage and acute diarrhoea (from the bowels)

*Duration of last Sickness,* 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* July 5th 1882

James A Brown M. D.
Medical Attendant.

*Undertaker,* M a. Saiger

*Place of Business,* 74 S. Bway *Address,* #110 N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

5

# Board of Health, City of Baltimore,

Permit No. 58037

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th - 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Harris

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 12 *Days.*

*Color,* White -

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life -

*Place of Death,* {Give street and number.} 134 Nc Eden st.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Inanition -

*Duration of Last Sickness,* Life -

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 6th 1882.

*Undertaker,* Henry W. Means

*Place of Business,* 46 N. Gay St. *Address,* Baltimore Co.

R. McSherry M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5 8638 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 4, 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Lane

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~~~~ *Years,* ~~ 6 ~~ *Months,* 15 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,* ~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give street and number.} 41 Carlton St.

*Cause of death,* First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* two months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* July 5 1882

*Undertaker,* W. H. Hemsley

*Place of Business* 116 Orchard St

John T. Kind *M. D.,*
Medical Attendant.

*Address,* 215 N. Carrollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-8039

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Purnell

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} 94½ Styles St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 5th

*Undertaker,* Chas H White

*Place of Business,* 35 Granby St

G. L Simmons *M.D.,*
Medical Attendant.

*Address,* 73 E. Pratt St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 48040 *Office of Registrar of Vital Statistics.* Ward 2.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July the 3th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richal Ann Hill

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 2 *Months,* ..... *Days,*

*Colored*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 110 Register St

*Cause of Death,* First, (Primary,) Dissentary Dysentery

Second, (Immediate,)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July th 5th

*Undertaker,* Mr White

*Place of Business,* C & W

Geo. Thomson M. D.,
Medical Attendant.

*Address* Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-8811 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 3. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give name of parents.} Lemuel Nelson

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 ~~XX~~ *Months,* 11 *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 158 Lyon St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* several days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon

*Date of Burial,* July 5th 1882

*Undertaker,* W H Madden

*Place of Business,* 76 East St

J. Cottman M. D.,
Medical Attendant.

*Address,* 223 Lee

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 5804 2 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 4th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Spencer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 3 *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 10 Vine St.

*Cause of death,* First, (Primary,) "Cholera Infantum"

Second, (Immediate,)

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shaw St Cem

*Date of Burial,* July 5 1882

*Undertaker,* W. Donnaddeau

*Place of Business,* 46 East St.

H. F. Hill M. D.,
Medical Attendant.

*Address,* 443 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 58645 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 4th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James B. Stozek.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months.* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, and his life.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} [redacted] Saratoga St

*Cause of death,* First, (Primary,) Cholera Infantum,

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Ft Peters Cemetery

*Date of Burial,* 5th of July

*Undertaker,* P. Timmed.

*Place of Business,* 317 Mulberry St.

John L. L. Stozek M. D.,
" " "
Medical Attendant.

Address 273 Saratoga St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5864 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 4, 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Balrin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and number.} 17 h S. Dallas Lt

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* 6th July.

*Undertaker,* A. Fink

*Place of Business,* 461 W. Gay St *Address,* 369 S. Broadway

W. W. White, *M. D.,*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5-8645 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E. Small

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 6 *Months,* 3 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Nurse

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 499 N. Shrine St.

*Cause of Death,* First, (Primary,) Meningitis (Cerebral)

Second, (Immediate,) Exhaustion from Eclampsia

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 5th 1882

*Undertaker,* Hu. J. Lyle

*Place of Business,* 413 Jefferson

Geo. H. Taylor M. D., Medical Attendant.

*Address,* 222 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58046

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Wilkens

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* 14 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number. } 89 N Durham st

*Cause of Death,* { First, (Primary.) Stomachitis
Second, (Immediate.) .....

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 5

*Undertaker,* W H Dunpee

*Place of Business,* /

Geo. W. Emerson M.D.,
Medical Attendant.

*Address,* Bd of Health

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. Henry M Reese [OVER.]

Board of Health, City of Baltimore, 1882

Permit No. 5 88 47 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 4 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Bootay

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and Number.} 55 Cross St

*Cause of Death,* First, (Primary,) Scrofula

Second, (Immediate,) Phthisis

*Duration of Last Sickness,* 5 years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* July 6. 1882

Thos. B. [illegible] M. D.,
Medical Attendant.

*Undertaker,* Jos. F. Byrne

*Place of Business,* 59 N. Liberty st *Address,* 146 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]

Board of Health, City of Baltimore,

Permit No. 58048 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 4th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mecco Hankins

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} ~~Female~~ Male

*Age,* ..... *Years,* ..... *Months,* 3 *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 113 North Spring st

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Premature Birth.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Pikesville

*Date of Burial,* July 5 92

*Undertaker,* W W Meaddaw

*Place of Business,*

Geo. W. Emory M. D.,
Medical Attendant.

*Address,* Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Sam'l A Capers 8 29 92

[over.]

Board of Health, City of Baltimore,

Permit No. 5-8649 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Ennells

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days,*

*Color,* Col

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Over 40 Years

*Place of Death,* {Give street and Number.} 92 S. Canal St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Apoplexy

*Duration of Last Sickness,* three days

* All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 6

*Undertaker,* H Ross

*Place of Business,* 95 Commerce St

A. L. Shortz M. D.,
Medical Attendant.

*Address,* 11 S. Hyt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 5-8050 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 5: 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hoffnagle,

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 19 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 307 S. Broadway

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial* Balto. Cemetery

*Date of Burial* July 6th 1882

*Undertaker,* Wm. Kinsman

*Place of Business,* 258 Aliceanna

H. G. Lusk M. D.,
Medical Attendant.

*Address,* Balto. Md. 25.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5805 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* ~~Wond~~ Tuesday July 4th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hough Mc Nally

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 8 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 88 E. Madison St

*Cause of death,* First, (Primary,) Diarrhea

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 6th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 60 Greenmount Ave

Wilmer Brinton, M. D.
Medical Attendant.

*Address,* 25½ Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department of Baltimore, City of Baltimore,

Permit No. 38052 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 4th 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nellie Browning

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* 3 *Months,* 26 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 253 Sharp St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 6th 1882

*Undertaker,* Smith Schaumer

*Place of Business,* 200 Sharp's

Dr. J. N. Tall, M. D., Medical Attendant.

*Address,* 152 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5805

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 6 1862 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July. 5th 1862.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ruben. Tidings.

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* Two *Months,* ..... *Days.*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,* None.

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto City.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* { Give street and number. } 184. Hillen St.

*Cause of Death,* First, (Primary.) Gastro Enteritis;

Second, (Immediate.) Ephadiation,

*Duration of Last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents.

*Date of Burial,* July 6th

*Undertaker,* Geo Schilling

*Place of Business,*

J. W. Chambers M.D.,
Medical Attendant.

*Address,* 123 N Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 2728 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58054

JUL 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 5 - 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas W Bordley

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 5 *Months,* ..... *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 446 N. Calhoun St

*Cause of Death,* First, (Primary,) Malarious Poison

Second, (Immediate,)

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Middletown Md

*Date of Burial,* July 6

*Undertaker,* J & E Enright & Co

*Place of Business,* 320 Penna Ave *Address,*

H J Howard *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 38065 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Wright

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* *Months,* *Days.*

*Color,* Black.

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Waiter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Essex Co Va

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give street and number.} 68 Josiah Alley Court

*Cause of death,* First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,)

*Duration of Last Sickness,* 7 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 7th 1882

*Undertaker,* J. G. Chase

*Place of Business,* Broadway

John L. Kozel M. D.,
Medical Attendant.

*Address,* 273 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 38066 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada D. F. Howard

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* Nineteen *Years,* ——— *Months,* ——— *Days.*

*Color,* Mulatto

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Waiter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* 19 Years

*Place of Death,* {Give street and number.} No. 21 Wagoche st.

*Cause of death,* First, (Primary,) Consumption

Second, (Immediate,) Prostration

*Duration of Last Sickness,* Eight months

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 5 1882

*Undertaker,* Wilson

*Place of Business,* [illegible]

F. B. Gardner M. D.,
Medical Attendant.

*Address,* 120 N. Green St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5805 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1893 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 4th of July

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Early Bird

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... one *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 24 New Church St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Summer Complaint

*Duration of Last Sickness,* 3 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* July 5th

*Undertaker,* [illegible]

*Place of Business,* [illegible]

Geo. H. Dunn M. D.,
Medical Attendant.

*Address* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 58058

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 2d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Scott

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* Black

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Sailor

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} St Josephs Hospital

*Cause of Death,* First, (Primary.) Congestion Cellulitis of leg

Second, (Immediate.) Syphilis & Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 5

*Undertaker,* Coleman

*Place of Business,* [illegible]

S. V. G. Hoofman M.D.,
Medical Attendant.

*Address,* St Josephs Hospl

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

# Board of Health, City of Baltimore,

Permit No. 48459

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 3/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Murray

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 55 *Years,* *Months,* *Days.*

*Color,* Colored *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and number.} No. 2 Brewer's Alley

*Cause of Death,* First (Primary,) Diarrhoea

Second (Immediate,)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 5th 1882

*Undertaker,* H H Chase

*Place of Business,* 98 Howard

A W Thompson M. D.
Medical Attendant.

*Address* 41 Orchard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 58062 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Henry Cooper

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 6 *Years* 2 *Months,* - *Days,*

*Color,* -

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Always Lived

*Place of Death,* { Give street and Number. } 1 Chestnut St

*Cause of Death,* First, (Primary,) Teething

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 5 1882

*Undertaker,* J. W. Clare

*Place of Business,* [illegible]

C. O. Thomas M. D., Medical Attendant.

*Address,* 864 Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5861 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 3rd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Ingram

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ~~Years~~, 7 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } E. 263 S. Ann St.

*Cause of Death,* First, (Primary,) Never Vaccinated

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* City Cemetery

*Date of Burial,* July 4th 82

*Undertaker,* H. Coleman

*Place of Business,* City Hall

Wm. H. Inman M. D.,

Medical Attendant.

Address, Com. of Health

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

H. Coleman Undertaker

# Board of Health, City of Baltimore,

Permit No. 5806 E

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 3d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Golen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 m o *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} No 61 Stockton alley

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.)

*Duration of Last Sickness,* During life

All the above information should be furnished by the Physician.

*Place of Burial,* Post Public Cemetery

*Date of Burial,* July 3/82

*Undertaker,* Fred A Kuchus

*Place of Business,* 20 S Canalton Ave *Address,* 41 N Caroline St

J. J. Simms *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58863 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* 1st of July

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nanzi Louis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Essig County Va

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give street and Number.} 51 Raburg St

*Cause of Death,* First, (Primary,) Consumtion

Second, (Immediate,)

*Duration of Last Sickness,* 7 Months

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Fort Lot~~ W. Public Cemy

*Date of Burial,*

*Undertaker,* Fredk A. Kirchner

*Place of Business,* 50 S. Carrollton Ave

Jno. W. Owen M. D.,
Medical Attendant.

Address Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58664 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

58064 No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 3 = 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wright

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 10 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} * 13 Hanover Lane

*Cause of Death,* First, (Primary,)

Second, (Immediate,) (Hereditary) Syphilis

*Duration of Last Sickness,* Succets Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Western Run

*Date of Burial,* July 4 = 1882

Geo. H. Dennis M. D.,
Medical Attendant.

*Undertaker,* H. A. Keachie

*Place of Business,*

Commissioner of Health
*Address,* & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Jno E Dunning

Permit No. 58065 *Office of Registrar of Vital Statistics.* Ward

The Physicim who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

58065 No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 3. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Innis

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 79 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Shoemaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and Number.} # 17 Stirling st.

*Cause of Death,* First, (Primary,) Senility

Second, (Immediate,) Cerebral softening

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 6th. 82

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 N. Gay *Address,* # 305 N. Carlin St.

Geo. A. Hartman M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 08066 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

58066

# CERTIFICATE OF DEATH.

*Date of Death,* July 4th " 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Fitzpatrick

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* 7 *Months,* — *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Farmer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and Number.} Farm of Henderson & Wharf

*Cause of Death,* First, (Primary,) Accidental Drowning

Second, (Immediate,) "

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem.

*Date of Burial.* July 6th 82

*Undertaker,* C. F. Kramer

*Place of Business,*

E. J. Bell, M. D.,

~~Medical Attendant.~~ Coroner

*Address,* 16 So Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5806 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 4. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie S Robinson

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 1 *Years,* X X *Months,* 14 *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Child

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* { Give street and Number. } 244 W Biddle

*Cause of Death,* First, (Primary,) Drutetion

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 6th 1882

*Undertaker,* R L Jordan

*Place of Business,* 63 Park Ave

C. F. Alkens M. D.,
Medical Attendant.

*Address,* 65 N. Green St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 7068 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58068

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE

*Date of Death,* July 5th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Sokolstein.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 1 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life.

*Place of Death,* {Give street and number.} 1157 N. Fremont St.

*Cause of death,* First, (Primary,) Gastro-Intestinal Inflamation

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cemetery

*Date of Burial,* July 6.

*Undertaker,* Walter Immel

*Place of Business,* 315 West Biddle

Dr. Ricker, M. D.
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 08067 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

58069 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 4th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary McKinnon

*Sex,* ~~Male or~~ Female, { Cross out the word not required in this line. } Female

*Age,* 38 *Years,* 5 *Months,* ~~Days.~~

*Color,* (38) Mulatto

*Married,* ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } Married

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } No 371 E Hay & Lee st

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* Three months

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 7. 1882

*Undertaker,* Bockelman & Carman

*Place of Business,* 38 Eutaw st

Thomas B. Evans M. D., Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 20070 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58070

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE

*Date of Death,* July 5/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas Ewing

*Sex, Male or Female,* { Cross out the word not required in this line. } .....

*Age,* ..... *Years,* ..... *Months,* 13 *Days,*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 42 St Paul

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) Spasms.

*Duration of Last Sickness,* From (4) days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brea Ct

*Date of Burial,* July 6th 1882

*Undertaker,* John Mackyn

*Place of Business,* No 150 Camden

D L Smith M. D., Medical Attendant.

Address, 387 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Permit No. 5807 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

5807

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE

*Date of Death,* July 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James P Wilkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 61 *Months,* 13 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Nursery and Child's Hospital

*Cause of Death,* First, (Primary,) Mal-Nutrition

Second, (Immediate,)

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial.* July 6

*Undertaker,* G H Bluford

*Place of Business,* 198 [illegible] *Address,*

C. T. Bryan M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 58072 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58072

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Gunterman

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days,*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 14 years.

*Place of Death,* {Give street and Number.} 318 S. Charles St.

*Cause of Death,* First, (Primary,) _____

Second, (Immediate,) Cancer of Stomach.

*Duration of Last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 6 th

*Undertaker,* Henry Brisle

*Place of Business,* Hanover St 81

A. J. H. Tall M. D.,
Medical Attendant.

*Address,* 152 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58073 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

58073 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Rowe Lofer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 26 *Years,* 8 *Months,* 4 *Days,*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County Maryland

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and Number.} 211 N. Carrollton ave

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 6th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette St

Jas. E. Gibbons M. D.,
Medical Attendant.

*Address,* 47 Edmondson ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Balto.

Permit No. 38074

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 4 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth D Straily

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 55 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~Single Widow or Widower,~~ { Cross out the word not required in this line. }

*Occupation,* Housewife

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } 322 Light Street

*Cause of Death,* { First, (Primary.) Carcinoma of Stomach — Second, (Immediate.) }

*Duration of Last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 6th 1882

*Undertaker,* [illegible]

*Place of Business,* 213 Light St *Address,* 52 Warren Av

H. B. Noble M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58075 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

58075 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Elizabeth Stiegs

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* Four (4) *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* Two (2) Years

*Place of Death,* { Give street and Number. } 277 N Central Ave

*Cause of Death,* First, (Primary) Tubercular Meningitis

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* Fifteen (15) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* July 7th 1882 J. W. Kloman M. D.,

*Undertaker,* A Hoen Fisk Medical Attendant.

*Place of Business,* 46 & 11 Gay *Address,* 277 N Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 2886 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 5. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ford

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 42 *Years,* ... *Months,* ... *Days,*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give street and Number.} Home 3085 Howard St.

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* July 6. 1882

*Undertaker,* H Ross

*Place of Business,* 98 Conway St

W. S. Booze M. D.,
Medical Attendant.

*Address,* 206 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balt...

Permit No. 38077

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT JUL 1902 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 5

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Prince

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 6 Bartlett St

*Cause of Death,* First, (Primary.) .....

Second, (Immediate.) Premature Birth.

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Balto

*Date of Burial,* July 6th

*Undertaker,* G E Prince

*Place of Business,* .....

Geo. W. Gerstl M.D.,

~~Medical Attendant.~~

*Address* Bd of Health

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Geo E Prince

Permit No. 28878 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 5 July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Dawinia Lugger

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} female

*Age,* 2 *Years,* 11 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} N Carey St 429 near Patterson Ave.

*Cause of death,* First, (Primary,) Apoplexy

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Germin Lutheran Druid hill

*Date of Burial* July 6th 1882

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518 W. Baltimore St.

N. F. Reinhard M. D.,
Medical Attendant.

*Address,* 224 W. Fayette Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 28079 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Faussee

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 11 Months, Eleven hours Days,

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 41 Block

*Cause of Death,* First, (Primary,) Cyanosis

Second, (Immediate,) Asphyxia

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 5

*Undertaker,* C. C. Dippel

*Place of Business,* 151 S Bond

Geo. L. Winter M. D., Medical Attendant.

*Address,* 1919 E. Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58080 *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

58080 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Wednesday night July 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Elias Wooters

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 10 *Months,* 5 *Days.*

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} S

*Occupation,* N

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 87 Saratoga St

*Cause of death,* First, (Primary,) Measles

Second, (Immediate,) Pneumonia Convulsions

*Duration of Last Sickness,* 14 day

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* July 7 1882

*Undertaker,* John Hennig

*Place of Business,* 382 Columbus Ave *Address,* 38 O'Donnell St

J. E. Pritchard M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5 86 81

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie S Galvin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 16 *Months,* *Days.*

*Color,* *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number.} No 385 E. Eager St.

*Cause of Death,* First (Primary,) Marasmus

Second (Immediate,)

*Duration of Last Sickness,* 12 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 7th 82

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe

J. H. Bolton M. D.
Medical Attendant.

Address S. E. Cor Gay & Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 58082 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

58082 No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* 5 July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. John Cole

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 24 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} No 2 Parish alley

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 2 Parish alley

*Cause of death,* First, (Primary,)

Second, (Immediate,) Inanition

*Duration of Last Sickness,* 5 [redacted]

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Cemetery

*Date of Burial,* July 6 1882

*Undertaker,* William N Lowe

*Place of Business,* No 62 East St

M. Warner *M. D.,*
Medical Attendant.

*Address,* Fulton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 58083 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

58083 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 4. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Edward Hummond

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* *Months,* *Days,*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

*Duration of Residence in the City of Baltimore,* 5 Years

*Place of Death,* {Give street and Number.} 5 Rich St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Chronic Hepatitis

*Duration of Last Sickness,* 10 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Locust Cemetery

*Date of Burial,* July 6 1882

*Undertaker,* William Dewyer

*Place of Business,* No 62 E Ost St

Alexander Ticsley M. D.,
~~Medical Attendant~~
Coroner.
*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58084 Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 6. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Wyatt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8 *Months,* 19 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 1. S. Front St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* July 7th

*Undertaker,* M. Timmins & Co

*Place of Business,* 3 Plowman st

Richard Bartlett M. D.,
Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness for the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 28085

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Webster.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} # 112 N Regester

*Cause of Death,* First, (Primary.) Small Pox

Second, (Immediate.)

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* E City Cemetery

*Date of Burial,* July 6th 82

*Undertaker,* Jno Coalman

*Place of Business,* City Hall

Geo. W. Benson M.D.,

~~Medical Attendant.~~

*Address,* Bd of Health

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Jno W. Ft Jamison

[OVER.]

Permit No. 57086

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Meyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 8 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} # 263 S Ann St

*Cause of Death,* First, (Primary.) Small Pox

Second, (Immediate.)

*Duration of Last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* E City Cemetery

*Date of Burial,* July 6th 82

*Undertaker,* Mr Boardman

*Place of Business,* City Hall

Geo. W. Dinson M.D.,

~~Medical Attendant.~~

*Address,* Com of Health

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

L. T. Fitzpatrick

Permit No. 58087

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 5th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlie Lundy

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* 5 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Williamsburgh Long Island N.Y.

*Duration of Residence in the City of Baltimore,* About 9 months

*Place of Death,* {Give street and number.} 554 N. Baltimore St.

*Cause of Death,* First, (Primary.) Teething

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 7th 1882

*Undertaker,* Jos. L. Cook

*Place of Business,* No 707 N. Baltimore Street

H. H. Weber *M.D.,*

Medical Attendant.

*Address,* 298 W. Lombard St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5-8088 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 6 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara L. Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 10 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 113 N. Schroeder

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 7th 1882

*Undertaker,* Jos N Cook

*Place of Business,* No 707 W Baltimore Street

Thomas Cottle M. D.,
Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 58089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1882 BALTIMORE.

## CERTIFICATE OF DEATH

*Date of Death,* July 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Poole

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Penna

*Duration of Residence in the City of Baltimore,* 15 Yrs

*Place of Death,* {Give street and number} 44 E. Eager St

*Cause of Death* First, (Primary.) Child-Birth

Second, (Immediate,) Puerperal Eclampsia

*Duration of last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Shrewsbury Pa

*Date of Burial,* July 7

*Undertaker,* John W. Jackson

*Place of Business,* Cor of Gay & Cordelia *Address,* 187 N. Biddle

Wm. S. Latimer M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 58090 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* the 5 of July

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Washington Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1½ *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} No 8 Sterling St

*Cause of Death,* First, (Primary,) Dissentary

Second, (Immediate,)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Point

*Date of Burial,* the 6th of July

*Undertaker,* Miller & Madden

*Place of Business,* [illegible]

Geo. W. Jonson M. D.,

~~Medical Attendant.~~

*Address,* Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5809 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

5809

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 9 1883 BALTIMORE

*Date of Death,* July 6th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Reed

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 29 *Years,* — *Months,* — *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,* Blacksmith

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balti

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 232 N Bond st

*Cause of Death,* First, (Primary,) Tetanus {from injury to hand}

Second, (Immediate,) Lockjaw

*Duration of Last Sickness,* 40 hrs

All the above information should be furnished by the Physician.

*Place of Burial* Bolt Cemetery

*Date of Burial,* July 9th 1883

*Undertaker,* Jno. H. McGuire

*Place of Business,* 22 W Fayette *Address,* 1434 E Balt st

D. Stull M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 38872 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 7 1892 BALTIMORE

*Date of Death,* July 6 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albina Fields

*Sex, Male or Female,* {Cross out the word not required in this line.} .....

*Age,* 27 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} .....

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 21 years

*Place of Death,* {Give street and Number.} 137 W Lombard St

*Cause of Death,* First, (Primary,) Consumption of lungs

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* July 7th 1892

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* [illegible]

W. H. Tiffenderfer M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 28073 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58093

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 7 1882 BALTIMORE

*Date of Death,* July 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmine Centrok

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 61 *Years,* 3 *Months,* 11 *Days,*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

*Occupation,* House wife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give street and Number.} Cor Calverton & Frederick Roads

*Cause of Death,* First, (Primary,) Bright's Disease

Second, (Immediate,) Uraemia

*Duration of Last Sickness,* 5 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 9th 1882

*Undertaker,* J. P. Paulus

*Place of Business,* 66 Frederick Ave.

Wm Gould M. D.,
Medical Attendant.

*Address,* 170 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58094 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58094

# CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Freeland

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } male

*Age,* Years, 11 Months, 1 Days,

*Color,* Black

~~*Married,*~~ *Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* none

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* 11 mos 1 day

*Place of Death,* { Give street and Number. } Lemmon Alley between Scott & Green Sts

*Cause of Death,* First, (Primary,) Diarrhoea & vomiting

Second, (Immediate.) General Debility

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharps Cemetery

*Date of Burial,* July 7 1882

*Undertaker,* William Dorsey

*Place of Business,* No 62 East Street

Wm P Cohen M. D.,
Medical Attendant.

*Address,* University of Md

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 28096 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, as ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 6

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Found ling

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ..... *Years,* 1 *Months,* 7 *Days,*

*Color,* Blk.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 1414 Vincent ally

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Cholera infantum

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 7

*Undertaker,* J Fourdon

*Place of Business,* .....

Geo. W. Dandridge M. D.,
~~Medical Attendant.~~

*Address,* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Henry McKewen

Permit No. 58096 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, a... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58096

# CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rost

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* Six *Months,* *Days,*

*Color,* White,

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Restaurant,

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Seven weeks,

*Place of Death,* {Give street and Number.} 165 S. Broadway

*Cause of Death,* First, (Primary,) Cold.

Second, (Immediate,) Consumption

*Duration of Last Sickness,* Seven months

All the above information should be furnished by the Physician.

*Place of Burial,* Washington Co.

*Date of Burial,* July 9th 1882

*Undertaker,* J.H. Sander & Son

*Place of Business,* 252 Canton ave

Nicholas L. Dashiell, M. D., Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 78097

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* July 5th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Rud -

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 2 *Months,* 16 *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} University Maryland.

*Cause of Death,* First, (Primary.) Cholera Infantum.

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* July 7th 1882

J. G. Wilkinson, M.D.,
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 350 W. Fayette *Address,* Fayette & Pacca Sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Elaine Mae Cloetta

OVER

Permit No. 58098 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

58098

# CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph B Stevens

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Paper Merchant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Massachusetts

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give street and Number.} 178 N Eutaw St

*Cause of Death,* First, (Primary,) Consumption of Lungs

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 9th inst

*Undertaker,* Geo Shilling

*Place of Business,* Corner Monument & Calvert Sts

W H Tiffany M. D.,
Medical Attendant.

*Address,* High St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58699

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

*Date of Death,* July 6th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Kearney

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* Not Known if over 21 *Years,* about 23 years *Months,* - *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Not known

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and number.} 161 W Lanvale st

*Cause of Death,* First, (Primary.) Puerperal Septicaemia

Second, (Immediate.) Endocarditis

*Duration of Last Sickness,* 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral

*Date of Burial,* July 7th

*Undertaker,* W Coleman

*Place of Business,*

Bowers and McIntosh M.D.,

Medical Attendant.

*Address,* 161 W Lanvale st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58/00

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 3 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Brown

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* Dark *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Driver

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 43 Years

*Place of Death,* {Give street and number.} Dead

*Cause of Death,* {First (Primary,) Tuberculous Consumption

Second (Immediate,) several months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E Pres Cem. D. P. Hoffman M. D.

Medical Attendant.

*Date of Burial,* July 7

{*Undertaker,* Jn Coleman *Address*

{*Place of Business,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 5-8101 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Reasch

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 38 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany (Poland)

*Duration of Residence in the City of Baltimore,* about 6 months

*Place of Death,* {Give street and number.} 119 S. Eden st cor of Thames

*Cause of death,* First, (Primary,) —

Second, (Immediate,) Dysentery

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* E Pub Ce

*Date of Burial,* July 7th

*Undertaker,* Th Coleman

*Place of Business,* B

G Q Whiteside M. D.,
Medical Attendant.

*Address,* 12 S. Eden

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No 18102

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* July 6th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States. If of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 4 Johns Alley

*Cause of Death,* First, (Primary.) Bronchitis

Second, (Immediate.)

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 6th 1882

*Undertaker,* Wm H Bishop

*Place of Business,* 97 N. Howard ave.

C W Baker *M.D.,*
Medical Attendant.

*Address,* 8 S Dulaney pl.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58103 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58103

# CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas. Rafferty

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ____ *Years,* ____ *Months,* 14 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } Federal Hill Near Russell Park

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial* Holy Cross Cemetery

*Date of Burial,* July 7

*Undertaker,* B. Flack

*Place of Business,* 82 West St

Silas N. Hemler M. D.,
Medical Attendant.

*Address,* 36 Covenant Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 58104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Eliza Jane

*Date of Death,* July 7th 1885 1/4 Past 2 o'clock a.m.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs E. J. Burnett

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* 76 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give street and number} 113 Columbia Avenue

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Old Age

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* 9th July

*Undertaker,* Hacker

*Place of Business,* Preston & Dean

C. P. Nicholson M. D.
Medical Attendant.

*Address,* South & Fremont

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV

Permit No. 58105 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58105

# CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Mason

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 11 *Years,* 11 ~~24~~ *Months,* 24 *Days,*

*Color,* Mulatto

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and Number.} ~~11~~ 301 N. Eutaw St

*Cause of Death,* First, (Primary,) Croup

Second, (Immediate,) Asphyxia

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* July 7

*Undertaker,* H Ross

*Place of Business,* 75 Conway St

Wm Goode (M. D.,
Medical Attendant.

Address, 170 N. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 2-8106 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58106

# CERTIFICATE OF DEATH.

*Date of Death,* July 6

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Nichols

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 1 *Months,* 2 *Days,*

*Color,* Blk.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 223 Bolton alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Spasms

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Harper St.

*Date of Burial,* July 7

*Undertaker,* W W Dunfee

*Place of Business,*

Geo. W Emmert M. D.,

~~Medical Attendant.~~

*Address,* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial a Certificate, setting forth as far as the same can be ascertained, the full name, sex, race and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 58107

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph S. Lloyd

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 1 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Infant

*Occupation,* "

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* { Give street and number. } 323½ Penna. Ave

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) " "

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* July 8th 1882

*Undertaker,* Wm J. Tickner

*Place of Business,* 136 Camden St *Address,*

J. A. Olivieri *M.D.,*

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# [3 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 58108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Gallagher

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 5 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* /

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 46 Pottsville St

*Cause of Death* First, (Primary,) Cholera Infantum

Second, (Immediate,) Do Do

*Duration of last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem.

*Date of Burial,* July 8th 1882

*Undertaker,* A B Cook.

*Place of Business,* 707 W. Balto St.

J. Bacon M. D.
Medical Attendant.

*Address,* Cor Arlington ave & Mor[illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 38107 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58109

# CERTIFICATE OF DEATH.

*Date of Death,* July 7

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew A. Hewlett

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 23 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and Number.} 356 Linden Av.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 9th/82 *A. McShane* *M. D.,*

*Undertaker,* STEWART & MOWEN, UNDERTAKERS, 36 Park Ave. *Medical Attendant*

*Place of Business,* *Address,* 257 Mad. Av.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 38110 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

58110 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 7. 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo M Forney

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Bookkeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 565 Druid Hill Av

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Opium Poisoning (Suicide)

*Duration of Last Sickness,* 12 hours

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mt. Cy

*Date of Burial,* July 8 1892

*Undertaker,* STUART & MOWEN UNDERTAKERS 36 Park Ave

*Place of Business,* *Address,*

Alexander Tinsley M. D., Medical Attendant.

Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5811 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

5811

# CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Cruse

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 2 Months, 6 Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and Number.} 34 Holland St

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) do. — (Enteritis)

*Duration of Last Sickness,* all her life

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* July 8. 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* Broadway

[illegible] M. D.,
Medical Attendant.

*Address,* 86 S Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

*Permit No.* 5-8112

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lina Thomas

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 7 *Years,* *Months,* *Days.*

*Color,* Dark

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} 24 Church St.

*Duration of Residence in the City of Baltimore,* 7 months

*Place of Death,* {Give street and number.} 24 Church St

*Cause of Death,* {First (Primary,) Acute Dysentery

Second (Immediate,)

*Duration of Last Sickness,* two week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 7th 1882

{*Undertaker,* Wm. G. H. Amey

*Place of Business,* 193 S. Howard st.

Chas. H. Hill M.D.
Medical Attendant.

*Address* 166 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 58113 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58113

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1893 BALTIMORE

*Date of Death,* July the 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Patterson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 252 Hughes St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Somer complaint

*Duration of Last Sickness,* the City 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* July 7 / 82

*Undertaker,* Jas. L. Kerchner

*Place of Business,* 50 S Carroll St Address, Chas. J. Keller M.D.,

~~Medical Attendant.~~

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58114

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1882 BALTIMORE

*Date of Death,* July 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia L. Hall

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years.* *Months,* *Days.*

*Color,* white.

*Married,* ~~Single Widow or Widower.~~ {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 13 years.

*Place of Death,* {Give street and Number.} 6 N. Washington St.

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Apoplexy.

*Duration of Last Sickness,* fifteen hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Lancaster Co Va.

*Date of Burial,* July 8th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway *Address,* 95 Cook Ave.

A. F. Erich M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permit No. 08115 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Butt

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 2 *Months,* 21 *Days,*

*Color,* Colored

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* none

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 2 mos 21 days

*Place of Death,* {Give street and Number.} 95 Mores Alley

*Cause of Death,* First, (Primary,) Enteritis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Smarfs st Cemetery

*Date of Burial,* July 7 1882

*Undertaker,* Alf Hemsley

*Place of Business,* 116 archard

Wm P Clemm M. D.,
Medical Attendant.

*~~Address,~~* University of Md

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

5116 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58116

# CERTIFICATE OF DEATH.

*Date of Death,* July 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Carter

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 6 Months, 1 Days,

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and now long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 95 Morris Al

*Cause of Death,* First, (Primary,) I don't know. I saw the baby at the

Second, (Immediate,) dispensary on June 26th have not seen

*Duration of Last Sickness,* it since. He was sick a month I think

All the above information should be furnished by the Physician.

*Place of Burial,* Sharon

*Date of Burial,* July 7th

*Undertaker,* Bert Hensley

*Place of Business,*

W D Borker M. D.,
Medical Attendant.

*Address,* 152 Madison St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 8117

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* July 7th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Marshall

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 7 *Days.*

*Color,* White

~~Married,~~ *Single,* ~~Widow or Widower~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md -

*Duration of Residence in the City of Baltimore,* 4 - mos - 7 days

*Place of Death,* {Give street and number.} 170 Park Ave

*Cause of Death,* First, (Primary.) Marasmus -

Second, (Immediate.)

*Duration of Last Sickness,* 3 weeks -

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* July 8th 1882

*Undertaker,* Andrews & Hodges

*Place of Business,* No 476 Druid Hill Ave

Robt M Johnson M.D.,
Medical Attendant.

*Address,* 70 Cathedral St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58718 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1882 BALTIMORE, MD.

*Date of Death,* July 7. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva F. Smoot

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 808 S Charles St

*Cause of Death,* First, (Primary,) Artificial Food & Heat

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 8

*Undertaker,* Chas. F. Young

*Place of Business,* 203 Light

Richard Cook M. D.,
Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 0311 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

58119

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1882 BALTIMORE, MD.

*Date of Death,* July 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christena Krauss

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* ——— *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} ———

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and Number.} 21 Maynard Al

*Cause of Death,* First, (Primary,) ———
Second, (Immediate,) Convulsions

*Duration of Last Sickness,* One day

All the above Information should be furnished by the Physician.

*Place of Burial* Western Cemetery

*Date of Burial,* July 8th 1882

*Undertaker,* J. Frank Thacker

*Place of Business,* No 150 Camden St

Jno D Blake M. D.,
Medical Attendant.

*Address,* 168 S Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No 38720 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1882 BALTIMORE, MD.

*Date of Death,* July 7. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Strasbinger

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 23 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 500 E. Fayette

*Cause of Death,* First, (Primary,) Intestinal Catarrh,

Second, (Immediate,) Meningitis

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St Cemetery

*Date of Burial,* July 9th 1882

*Undertaker,* Wm Eilau

*Place of Business,* 101 Gough St

G. Glanville Lusk M. D., Medical Attendant.

*Address,* Balt & Wash. Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58121 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

58121

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1882 BALTIMORE, MD.

*Date of Death,* 7th. July 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shartinsky Shartinsky

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 14 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,* ~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give street and number.} S. Wolfe street 229 229

*Cause of death,* First, (Primary,) } Debilitas generalis

Second, (Immediate,)

*Duration of Last Sickness,* during lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* July 8th 82

*Undertaker,* G. Frame

*Place of Business,* Bank & Wolfe *Address,* S. Wolfe 117

William Henkel M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58122 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 6th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Gebhardt

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 5 *Months,* 14 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 216 S. Bethel St.

*Cause of Death,* First, (Primary,) Entero. colliti.

Second, (Immediate,)

*Duration of Last Sickness,* Three days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cem

*Date of Burial,* Aug 8th 82

*Undertaker,* G. Fraser

*Place of Business,* Bonts & Hoy

John H. Rehberger M. D., Medical Attendant.

Address, # 243 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58123 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

58123

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUL 8 1882 BALTIMORE, MD.

*Date of Death,* July 7th. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Woodall

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 74 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 268 E John st

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.)

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 9th

*Undertaker,* Geo. Schilling

*Place of Business,*

M. B. Billingslea M.D.,
Medical Attendant.

*Address,* 256 E John st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58124 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58124

# CERTIFICATE OF DEATH.

*Date of Death,* July 7. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry J Brotherton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* 4 *Months,* 16 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* none

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and Number.} 35 S Poppleton

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion of Hæmoptysis

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 8th 82

*Undertaker,* G. Frank Sours

*Place of Business,* 634 W. Balto St

W. F. A. Kemp M. D.,
Medical Attendant.

*Address,* 55 N Greene

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

JUL 8 1882 BALTIMORE, MD. BOARD OF HEALTH

Permit No. 58125 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1882 BALTIMORE, MD.

*Date of Death,* July 7/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Edelin

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 2 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and Number.} 19 N Mary St

*Cause of Death,* First, (Primary,) Inanition

Second, (Immediate,)

*Duration of Last Sickness,* 2 or 3 days

All the above information should be furnished by the Physician.

*Place of Burial* Laurel cemetery

*Date of Burial,* July the 8

*Undertaker,* M. F. Jordan

*Place of Business,* Mt. C. 63 Park St

D. H. Miller M. D.,
Medical Attendant.

*Address,* 89 Green St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58726 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1882 BALTIMORE, MD.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. McErlain

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 3 Months, 6 Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 40 Marion St —

*Cause of Death,* First, (Primary,) Chronic Dysentery

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral

*Date of Burial,* July 8th 1882

*Undertaker,* B. McErlain

*Place of Business,*

Geo. Rupprecht M. D.

Medical Attendant.

*Address,* Calvert St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 58127 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

58127 No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1882 BALTIMORE, MD.

*Date of Death,* July 8. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Griggs

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and Number.} 494 N. Washington St

*Cause of Death,* First, (Primary,) Dysentery.

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Green Mount

*Date of Burial,* July 9th 1882 Geo. A. Hartman M. D.

*Undertaker,* Henry W. Means Medical Attendant.

*Place of Business,* 45 N. Gay St *Address,* 305 N. Caroline St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permit No. 38128 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 9 1882 BALTIMORE, MD.

*Date of Death,* July 7

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C Banes

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 *Months,* 7 *Days,*

*Color,* Blk.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 177 S Dallas St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Dysentery

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E Pub Cem

*Date of Burial,* July 8

*Undertaker,* M Coleman

*Place of Business,*

Geo. W. Penn M. D.,

~~Medical Attendant.~~

Address, Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Daniel Clegg Jr

{over}

# Board of Health, City of Baltimore,

Permit No. 58129

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenor Rustcld

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 72 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Maryland

*Duration of Residence in the City of Baltimore,* 2 F years

*Place of Death,* {Give street and number.} 322 N Broadway

*Cause of Death,* First (Primary,) Chronic Cystitis & Paralysis

Second (Immediate,) Nervous Exhaustion

*Duration of Last Sickness,* about 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* July 9th 1882

*Undertaker,* Jno R. McShea & Co

*Place of Business,* 422 W Fayette st

J. Whitefield M. D.
Medical Attendant.

*Address* 195 Division st

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to . . of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58790 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1882 BALTIMORE, MD.

*Date of Death,* July 7/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah Pole

*Sex,* ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* 73 *Years,* *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single, Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* { Give street and Number. } 556 Penna ave

*Cause of Death,* { First, (Primary,) Apoplexy / Second, (Immediate,) Hemorrhage

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial* Greenmount cemetery

*Date of Burial,* July 8th 1882

*Undertaker,* Dietrick Wiegand

*Place of Business,* 166 Druid Hill Ave *Address,*

C. H. Miller *M. D.*, Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 38131 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shreider

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, Two (2) Months, Ten (10) Days,

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} - - - -

*Occupation,* - - - - - -

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Buda city

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 5 & Woster Street

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* Four (4) Months

All the above Information should be furnished by the Physician.

*Place of Burial,* St Ursulines Cemetery

*Date of Burial,* July 9, 1882

*Undertaker;* Henry Hoen

*Place of Business,* 329 Orchard ave

J. W. Silver M. D.
Medical Attendant.

Address, Fell Point Corner Ann & Caroline Streets

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3

# Board of Health, City of Baltimore,

**Permit No.** 58132 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 3 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Sirina. Infant

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* 7. *Months,* 27. *Days.*

*Color,* White *Sex,* Male.

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 277. E. Balto. St. Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.}

*Cause of Death,* First (Primary,) Bronchial Catarrh.

Second (Immediate,) Pulmonary Spasm.

*Duration of Last Sickness,* 10 days.

All the above Information should be furnished by the Physician.

*Place of Burial,* Old Hyfsonsus Grd. J. M. Carter. M. D.

*Date of Burial,* July 8 1882 Medical Attendant.

*Undertaker,* John Heaning Address N. W. Cor. Broadway

*Place of Business,* 382 Orleans St & E. Lombard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Permit No. 58183 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JULY 6 1882 BALTIMORE, MD.

*Date of Death,* July 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Thomas

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 1 *Months,* — *Days,*

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 1 Yrs.

*Place of Death,* {Give street and Number.} 126 St. Paul St.

*Cause of Death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* 1 Week.

All the above information should be furnished by the Physician.

*Place of Burial,* Lorvel cemetery

*Date of Burial,* July 8. 1882

*Undertaker,* Theo J Locks

*Place of Business,* 73. Jefferson st

T. Fraser Thomas M. D.,
Medical Attendant.

*Address,* City Hospital.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 58734 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Friday July 7th. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alicia L Reynolds

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 10 *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number.} 122 E Monument St.

*Cause of death,* First, (Primary,) Congestion of Brain

Second, (Immediate,) Convulsions & Exhaustion

*Duration of Last Sickness,* 1 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 9th 1882

*Undertaker,* Fred J Lockis

*Place of Business,* #73 Jefferson St

Wilmer Britton M. D.,
Medical Attendant.

*Address,* 21½ Fremont Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58735 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wesley Gibson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 8 *Months,* *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 119 Stirling

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 9th 1882

*Undertaker,* Theo Yocks

*Place of Business,* 428 Jefferson St *Address,* Cor. Eden & Biddle Sts

E. B. Tenby M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 58136 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58136

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1882 BALTIMORE, MD.

*Date of Death,* July 7th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Hills

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 31 *Years,* *Months,* *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Porter

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 175 Mullikin st

*Cause of Death,* First, (Primary,) Laryngeal Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* One year.

All the above information should be furnished by the Physician.

*Place of Burial,* Lemel Cemetery

*Date of Burial,* July 9th 1882

*Undertaker,* Fred J Lock

*Place of Business,* 473 Jefferson st

Wm. E. Russell M. D.
Medical Attendant.

*Address,* 238 n Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 58137 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58137

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUL 8 1882 BALTIMORE, MD.

*Date of Death,* July 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Fyssing Sr

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 55 *Years,* — *Months,* — *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Roller

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} York Pa ~~Virginia~~

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give street and Number.} 605 Lexington

*Cause of Death,* First, (Primary,) Chronic Pleuritis & Emphysema

Second, (Immediate,) Abscess

*Duration of Last Sickness,* Six (6) Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 9 82

*Undertaker,* Taylor

*Place of Business* 17 N Eutaw

H. Kemp M. D.,
Medical Attendant.

Address, 605 Lexington ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 58188 *Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT
JUL 8 1882
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* July 7. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracie Akehurst

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* Five *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 236 William St

*Cause of Death,* First, (Primary.) Hot Weather

Second, (Immediate.) Cholera Infantum

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park cemetery

*Date of Burial,* July 9th 1882

*Undertaker,* Wm H Cook

*Place of Business,* No 707 N Baltimore street

B. F Phillips M.D.,
Medical Attendant.

*Address,* 39 W Lanvale St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# 19 Board of Health, City of Baltimore,

**Permit No.** 58139

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 7 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Price

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 67 *Years,* 1 *Months,* 22 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* House Carpenter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 2 yrs ~~Maryland~~

*Place of Death,* {Give street and number} 2 N. Gilmore

*Cause of Death* { First, (Primary,) Bright's Disease
Second, (Immediate,)

*Duration of last Sickness,* Several months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* July 9th 1882

*Undertaker,* Jas B Cook

*Place of Business,* No 707 N. Baltimore Street

J Inez Harris M. D.
Medical Attendant.

*Address,* 322 Hollins

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 58740 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8" 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Lucinda Turner

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. } .....

*Age,* about 32 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } England

*Duration of Residence in the City of Baltimore,* Four Months

*Place of Death,* { Give street and Number. } University Hospital

*Cause of Death,* First, (Primary,) Peritonitis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 3 1/2 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Cleveland Ohio B & O R R

*Date of Burial,* July 8th 1882

*Undertaker,* Jos B Cook

*Place of Business,* 1707 N Gaither Street

Hunt M. D.,
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 28141 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JUL 8 BALTIMORE, MD.

*Date of Death,* July 7

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Sanders

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 11 *Days,*

*Color,* Blk

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Rest

*Duration of Residence in the City of Baltimore,* 9 yrs

*Place of Death,* {Give street and Number.} 202 Wash

*Cause of Death,* First, (Primary,) Inflam. Bowels

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 3 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 8 92

*Undertaker,* W. Rossin

*Place of Business,* 95 Lombard st

Chas P. Ellis *M. D.,*
Medical Attendant.

*Address,* 315 Light St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5814 2 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE, MD. JUL 8 1882 HEALTH DEPARTMENT

# CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Lathan

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 70 *Years,* 9 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Shoemaker

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 4 St Caroline St

*Cause of Death,* First, (Primary,) Valvular - Heart disease

Second, (Immediate,)

*Duration of Last Sickness,* some time complaining

All the above information should be furnished by the Physician.

*Place of Burial* Balto. Cemetery

*Date of Burial,* July 9, 1882

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Broadway

James E Smith M. D.
Medical Attendant.

*Address,* 296 Aliceanna

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. [illegible] *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

58143 No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 7/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isbel Bovard

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 220 Alice Anna St

*Cause of Death,* First, (Primary.) Measles

Second, (Immediate.) Acute Dysentery

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial* Mt. Carmel Cem

*Date of Burial,* July 9, /82

*Undertaker,* H. A. Dager

*Place of Business,* 74 S. Bwy,

R W Mansfield M. D.,
Medical Attendant.

*Address* 117 S Broadway

HEALTH DEPARTMENT BALTIMORE, MD. JUL 8 1882

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58144 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Friday July 7th. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward F. Colligan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* / / *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Adams Co. Pa

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give street and number.} # 11 Hillman St

*Cause of death,* First, (Primary,) Malarea

Second, (Immediate,) Cerebro Spinal Meningitis with Comar Exhaustion

*Duration of Last Sickness,* 13 Days

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted] Cemetery

*Date of Burial,* July 10 1882

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Front St

Wilmer Smith M. D.,
Medical Attendant.

*Address,* 25½ Fremont Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58146 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 11, 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Jones

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} No. 72 S. Eutaw

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 13 92

*Undertaker,* John Jones

*Place of Business,* 1248 W. Balto St. *Address,* 72 S. Eutaw St

J. Kyle M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 58146 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58146

# CERTIFICATE OF DEATH.

*Date of Death,* July 8/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip A Hirsch

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* One *Months,* 16 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and Number.} 80 Cupid St

*Cause of Death,* First, (Primary,) ———

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bethel Cemetery

*Date of Burial,* July 9

*Undertaker,* Joseph Koch

*Place of Business,* 707 West Baltimore, *Residence,* 16 S Poca[illegible]

Geo W Vollard M.D.,
Medical Attendant.

HEALTH DEPARTMENT, JUL 8 1882 BALTIMORE, MD.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 58147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Griffin

~~Sex~~, *Male* ~~or Female~~, {Cross out the words not required in this line.}

*Age,* 38 *Years,* 6 *Months,* *Days*

*Color,* Coloured

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Restaurateur

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} same born in Queenstown Ire

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give street and number.} Eutaw Bank corner of Eutaw and Fayette sts

*Cause of Death,* First (Primary,) Heart disease dropped down

Second (Immediate,) suddenly and died instantly

*Duration of Last Sickness,* No duration

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 9th 1882

*Undertaker,* Wm. H. Chase

*Place of Business,* 178 S. Howard st

HEALTH DEPARTMENT JUL 8 1882 BALTIMORE, MD.

W. H. Stone M. D.
Medical Attendant.

*Address,* 458 N. Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

## Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Friday July 8th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nahum Holmes

~~Sex, Color or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* —— *Months,* —— *Days.*

*Color,* Black

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Martinsburg Va

*Duration of Residence in the City of Baltimore,* Sixteen years

*Place of Death,* {Give street and number.} No 7 Cedar Row

*Cause of Death,* First (Primary,) Scrofulous degeneration

Second (Immediate,) abscess of the brain

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Peter

*Date of Burial,* July 8th

*Undertaker,* Jno B. N. Grass

*Place of Business,* [illegible] Broadway

H Nelson M. D.
Medical Attendant.

*Address* Cathcart Butler & S. E.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5-8779 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Matthews

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Servant-

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Carroll Co, Md,

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give street and number.} 46 Pine St.

*Cause of death,* First, (Primary,)

Second, (Immediate,) Typhoid Fever

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Carroll Co - Md

*Date of Burial,* July 10th 82

*Undertaker,* Daniel F Good

*Place of Business,* [illegible]

L. M. Hall M. D.,
Medical Attendant.

*Address,* 262 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 38760 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUL 8 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 7th 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josef W. E. Inskeep

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* [illegible] *Years,* 2 *Months,* 20 *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } B. C.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 1 E. S. Dallas

*Cause of Death,* First, (Primary,) Inflammation

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Three days

All the above Information should be furnished by the Physician.

*Place of Burial,* St. James Cem.

*Date of Burial,* July 9th 82

Dr. L. Winter M. D., Medical Attendant.

*Undertaker,* G. France

*Place of Business,* Davis & Wolfe Address, 44 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wiles

*Sex, Male or ~~Female,~~* {cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single,~~ ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 65 yrs

*Place of Death,* {Give street and number} 3 Lexington St

*Cause of Death* {First, (Primary,) Bronchitis / Second, (Immediate,) Congestion of Lungs

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* July 10' 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St.

J. H. Buchanan M. D.
Medical Attendant,

*Address,* 357 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 15815

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte R. Preston

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days.*

*Color,*

*Married, ~~Single~~ Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and number.} 17 Scott St

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.) Abscess

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* July 10th 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St.

A. Hof Coltman M.D.,
Medical Attendant.

*Address,* 343 W. London St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58153 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 9 1882
BALTIMORE, MD.

58153

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida J. Musick

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* One (1) *Years,* One (1) *Months,* ——— *Days,*

*Color,* Colich

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } 348 E Madison St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Two (2) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 9th 1882

*Undertaker,* John Lake

*Place of Business,* 166 Balto St

Geo. Blown M. D.,
Medical Attendant.

Address, 1 E of Eutaw (Carrollton Station)

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5-8154

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannifred Reagan.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 7 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} 169 Hudson St

*Cause of Death,* First, (Primary.) Convulsions

Second, (Immediate.)

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* H Petrie Lot

*Date of Burial,* July 9th 1882

*Undertaker,* H. Saunders & Son

*Place of Business,* 252 Central Ave

E. J. M. Evans M.D.,

Medical Attendant.

*Address,* 538 Scott St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5-8155

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* July 8, 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Hennemann

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 6 *Years,* *Months,* *Days.*

*Color,* White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balt- Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 137 Saratoga St.

*Cause of Death,* First, (Primary.) Hereditary predisposition.

Second, (Immediate.) Hydrocephalus

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonso.

*Date of Burial,* July 10 1882

*Undertaker,* Jos F Byrne

*Place of Business,* Liberty St.

W. P. Morgan M.D.,
Medical Attendant.

*Address,* 119 W. Monument St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58156 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo E Williams

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* —— *Years,* One *Months,* 2 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} ——

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and Number.} 31 Raborg St

*Cause of Death,* First. (Primary,) ——

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 10

*Undertaker,* H Ross

*Place of Business,* 25 Conway St E

Geo L Burke M. D.
Medical Attendant.

*Address,* 168, Pacca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5 8157 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8 " 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jn F. Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 2 Weeks *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} # 328 E Lombard St.

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Asthma

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* July 10 " 82

*Date of Burial,* St Alphonsus

*Undertaker,* Mr Krantz

*Place of Business,* .....

Geo. N. Dixon M. D.,

~~Medical Attendant.~~

*Address,* Cor. of Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permit No. 58158

State of Maryland, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* July. 6. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ettie Byrne,

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* White,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City,

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 247 N Gay St,

*Cause of Death,* First, (Primary.) Gastritis, (Acute)

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery.

*Date of Burial,* July 10 1882

*Undertaker,* Jas P Byrne

*Place of Business,* Front St

J. W. Chadwick M.D.,

Medical Attendant.

*Address,* 133 N Eden St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No 58759 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kilgore

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 4 *Months,* —— *Days,*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 79 King st

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) " "

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* July 10th 1882

*Undertaker,* C. H. Kilgore

*Place of Business,* Sister of Chas

Geo. W. Gwinn M. D.,

~~Medical Attendant~~

*Address,* Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Henry A. McKeown

[OVER.]

Permit No. 58760 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8 1852

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas Steigel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* 2 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} Cor Heath & Elizabeth Lane

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* 9th of July 1852

*Undertaker,* Bernhart Kaley.

*Place of Business,* 82 West Pratt St.

Received of Gordon Cook M. D., Medical Attendant.

*Address,* 146 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 38161 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Gonder

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* ..... *Months,* ..... *Days,*

*Color,* C

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Coal Steam

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give street and Number.} 4 Bennis Alley

*Cause of Death,* First, (Primary,) Effect of Burn

Second, (Immediate,) Unknown

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lamb

*Date of Burial,* July 10th 1882

*Undertaker,* H. Kelbesheimer

*Place of Business,* 5 Eutaw St

Geo. H. Dawson M. D.,

~~Medical Attendant~~ Com. of Death

Address,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Henry McKeever

Permit No. 38762 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 9. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H Sholz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 4 *Months,* *Days.*

*Color,* wht

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 179 Penna ave

*Cause of death,* First, (Primary,) chal infantum

Second, (Immediate,) meningitis

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* July 10

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle St

G Lane Tanyhill M. D.,
Medical Attendant.

*Address,* 129 N Bradale

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58763 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th - 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mell Warren.

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* —— *Years,* —— *Months,* 18 *Days,*

*Color,* White —

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* ——

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto —

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* { Give street and Number. } St. Vincent's Infant asylum.

*Cause of Death,* First, (Primary,) ——

Second, (Immediate,) Convulsions —

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 9th/82

*Undertaker,* Patt. Hurst —

*Place of Business,* Pratt & Fremont

R. W. Goldsmith M. D.,
" Medical Attendant.

*Address,* Hanover & Calhoun Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5-8764 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linda Dixon

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* Col

*Married,* ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* nurse

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Norfolk Va

*Duration of Residence in the City of Baltimore,* six years

*Place of Death,* {Give street and Number.} 18 Bolton St

*Cause of Death,* First, (Primary,) Phthisis pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* six months & more

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cem.

*Date of Burial,* July 9th 1882

*Undertaker,* Wm J Gorsuch

*Place of Business,* 13 Mulberry

I have not seen the woman for several months but at that time she had Consumption

J. E. Stedman M. D.,

Medical Attendant.

*Address,* 723 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

7

# Board of Health, City of Baltimore,

Permit No. 58165

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 9 1902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1902

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard, P. Gerhardt

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 9 *Months,* 17 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Infant

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 403 N Bond St

*Cause of Death,* {First (Primary,) Second (Immediate,)} Cholera Infantum

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Elkridge Landing Howard County

*Date of Burial,* July 10th

*Undertaker,* Geo. Schilling

*Place of Business,*

J. E. Whiteford M. D.
Medical Attendant.

*Address* 191 Virginia Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 28766 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Maurice Shadrick

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* Four (4) *Months,* — *Days,*

*Color,* Colrd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 162 N. Bond Street

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 3 hrs (1) 2 days 10

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 10th

*Undertaker,* Geo. Sabilling

*Place of Business,*

S. W. Shaw M. D.,

Medical Attendant.

*Address,* 1 Centre Carrollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5876 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58167

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. Washington

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 11 *Months,* 20 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balti. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 20 Mc Elderry Court

*Cause of Death,* First, (Primary,) Uremia

Second, (Immediate,)

*Duration of Last Sickness,* Life time

All the above Information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* July 9th 1882

*Undertaker,* Thos. F Locke

*Place of Business,* 73 Jefferson St. *Address,* 105 N. Central Ave

Francis A. Sauer M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

# Board of Health, City of Baltimore,

Permit No. 5-8168

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 6th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederica Vollmer

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Hanover (Germany)

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and number} 39 Portsmouth

*Cause of Death* First, (Primary,) consumption of lungs

Second, (Immediate,)

*Duration of last Sickness,* about a year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetry

*Date of Burial,* July 9th. 1882,

*Undertaker,* A. Weidemeyer

*Place of Business,* 518 W. Baltimore Ste.

Matthews M. D.
Medical Attendant.

*Address,* 95 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

12

# Board of Health, City of Baltimore,

Permit No. 38169

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Gardner.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* — *Days.*

*Color,* White —

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number.} St Vincent's Infant Asylum.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis.

Second, (Immediate.)

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* In E Cemetery.

*Date of Burial,* 10th July

*Undertaker,* Jas Lipsett

*Place of Business,* Bond St 157

R. W. Goldsmith M.D.,
Medical Attendant.

*Address,* Baltimore Co. Md.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5878 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Victoria Coure

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

*Age,* — *Years,* 6 *Months,* — *Days,*

*Color,* Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City Stoddard alley

*Duration of Residence in the City of Baltimore,* 6 Months

*Place of Death,* {Give street and Number.} Stoddard alley not Numbered

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* July 9 1882

*Undertaker,* Wm Adams

*Place of Business,* No 62 East St

Nash M. D.,
Medical Attendant.

Address, University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5877 / *Office of Registrar of Vital Statistics,* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mabel L. Duke

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 8 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 183. E. Eager st.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Govanstown

*Date of Burial,* July 9th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave *Address,*

Jno. Brooke Boyle M. D.,

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 3872 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Lucas

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 35 *Years,* — *Months,* — *Days,*

*Color,* Colored

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* { Give street and Number. } 2 Gilpin's Alley

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

*Duration of Last Sickness,* Unknown

All the above Information should be furnished by the Physician.

*Place of Burial,* W. Balto Pub Ground

*Date of Burial,* July 9th 1882

*Undertaker,* F A Kershaw

*Place of Business,* 50 & Canton Ave

Wm. A. Beck M. D.,

Medical Attendant

Coroner

Address, 661 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

State of Maryland, City of Baltimore, 8

Permit No. 38173 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 9 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Stouffer ~~Unnamed Infant~~

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 12 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Point Lane near Hanford Co

*Duration of Residence in the City of Baltimore,* 12 days

*Place of Death,* {Give street and Number.} Point Lane near Hanford Co

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Comfort

*Date of Burial,* July 10, 1882

*Undertaker,* Henry Flook

*Place of Business,* 389 Central Av *Address,*

Alexander Imeley M. D., Medical Attendant. Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 5 8174

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 10 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Herman

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow.

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Buchael Stadt Germany.

*Duration of Residence in the City of Baltimore,* 29 Years.

*Place of Death,* {Give street and number.} 146 Little Green St.

*Cause of Death,* First, (Primary.) Wound in the Neck. (Suicide)

Second, (Immediate.) Exhaustion, due to hemorrhage

*Duration of Last Sickness,* about Sixteen hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Leland St Cemetery

*Date of Burial,* July 10th 1882

*Undertaker,* Wm. Silau

*Place of Business,* 101 Gough St

A. M. Belt, M.D., Medical Attendant.

S. W. Cor. Shark & Lee sts. *Address,*

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 58176 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Kilcoyne

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* Two *Months,* Five *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Infant

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} No 118 E. Fayette h

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) " Asthenia

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 10/82

*Undertaker,* C. Herring

*Place of Business,* 196 E. Baltimore St

Whitefield Winsey *M. D.,*
Medical Attendant.

*Address,* 166 E. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 58716 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL TO 1 1882 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* July 8. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Basil Othello Brown

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 21 *Months,* ..... *Days.*

*Color,* Col

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 29 Brunsdon

*Cause of Death,* First, (Primary,) Enteritis

Second, (Immediate,)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* July 10th 1882

*Undertaker,* Wm R. Cook

*Place of Business,* 1607 E. Baltimore Street

H. E. Altimus M. D.,

Medical Attendant.

*Address,* 223 Madison Av.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

16 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 58177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 10
1882
BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 7 mo 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Truman

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Housekeeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* {Give street and number} 196 Barre St

*Cause of Death* { First, (Primary,) Mitral Insufficency
Second, (Immediate,) Congestion Brain
9 months

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* July 11th 1882

*Undertaker,* John Thacher

*Place of Business,* No 158 Canden St *Address,* 306 Madison Avenue

W. Riley *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Permit No. 58178 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58178

# CERTIFICATE OF DEATH.

*Date of Death,* July 9/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary D Hudt

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* • *Years,* 3 *Months,* 10 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. city

• *Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 24 Essex st.

*Cause of Death,* First, (Primary,) Catarrhal fever

Second, (Immediate,) Acute Bronchitis

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 10 th 1882

*Undertaker,* Casper Eckhardt

*Place of Business,* 269 Canton Ave *Address,* 117 S. Broadway

R. W. Mansfield M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5-8179 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Buhmann

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 31 years

*Place of Death,* {Give street and Number.} 583 South Charles St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial.* Tuesday July 11th

*Undertaker,* Bechtold & Hahn

*Place of Business,* 582 West St

J. E. Weis M. D.,
Medical Attendant.

*Address,* 153 [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

**Permit No.** 18180 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 10 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Kohl

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, 21 Days.

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 1 Yrs 21 days

*Place of Death,* {Give street and number.} 769 W. Pratt St

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 10th 1882

Fred S. Patterson M. D.
Medical Attendant.

*Undertaker,* Adam Weidemeyer

*Place of Business,* 578 W. Baltimore Str. *Address* 768 W. Pratt St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permit No. 58181 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1882 BALTIMORE

*Date of Death,* July 9

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} W Ed Cornish

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 2 *Months,* *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 186 Hughes St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Stomatitis

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 10

*Undertaker,* G W Perkins

*Place of Business,*

Geo. H. Simon M. D.,

~~Medical Attendant.~~

Address, 6 in 1 of Health

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

John E Dudley

Board of Health, City of Baltimore,

Permit No. 58782 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 10 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Perry.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* 26 *Years,* — *Months,* — *Days,*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married.

*Occupation,* Brick Moulder.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} U. S.

*Duration of Residence in the City of Baltimore,* 2 Years.

*Place of Death,* {Give street and Number.} City Hospital.

*Cause of Death,* First, (Primary.) Typhoid Fever.

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Spark's

*Date of Burial,* 10th July

*Undertaker,* Lewis Otto

*Place of Business,* 27 Druid Hill Ave

I. Fraser Thomas M. D.,
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 58783 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George B Dyett

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 27 *Years,* — *Months,* — *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Asst Builder

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} St Michaels Md.

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give street and Number.} 9 & S Eden

*Cause of Death,* First, (Primary,) a fall from a pile driver

Second, (Immediate,) inflamation of liver & stomach

*Duration of Last Sickness,* about 44 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* July 10th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway *Address,* 375 E Balto St.

E. P. Byrns M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58184 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58184

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1882 BALTIMORE

*Date of Death,* July 8. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sidney A. Stewart

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 1 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and Number.} # 326 N. Caroline St

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,) Effusion

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Green Mt Cemetery

*Date of Burial,* July 10th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway *Address,* # 305 N. Caroline St.

Geo. A. Vastine M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 58185 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH OFFICE
JUL 10 1882
BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 8th July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R Reed

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 11 *Months,* 20 *Days,*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Nothing

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city Md D.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 176 Conway St

*Cause of Death,* First, (Primary,) Diathesis et Paralysis

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mass. St. Mausoleum

*Date of Burial,* July 11th 1882

*Undertaker,* Jas. H. Mase

*Place of Business,* 198 E. Monument

L. D. Dyer M. D.
Medical Attendant.

*Address,* 146, Hill St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

L. D. DYER M.D.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furni within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting for as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, an the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Board of Health, City of Baltimore.

**Permit No.** 58186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 10 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Saturday July 8th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~John~~ Joseph Bayless

~~Sex, Male or Female,~~ {Cross out the word not required in this line.} Joseph

*Age,* 42 *Years,* ——— *Months,* ——— *Days.*

*Color,* Black

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number.} No 14 Cod a Row

*Cause of Death,* {First (Primary,) Rheumatism

Second (Immediate,)

*Duration of Last Sickness,* Ten Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 10th 1882

*Undertaker,* Wm. W. Allen

*Place of Business,* 195 S. Howard St.

C. A. Nelson M. D.
Medical Attendant.

*Address* Calhoun & Lee

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5987 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 8 - 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Tucker

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ..... *Years,* 1 1/2 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } Nursery & Child's Hospital

*Cause of Death,* First, (Primary,) Mal-Nutrition

Second, (Immediate,) .....

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 10

*Undertaker,* C H Blizzard

*Place of Business,* 198 Penn ave

C. T. Bryan M. D.,
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5-8188 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Jackson

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or* ~~Widower~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Eleven Years.

*Place of Death,* {Give street and number.} Parish St No. 7 Between Tenant & Wyncheste

*Cause of death,* First, (Primary,) Old age

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Three Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Londen Park

*Date of Burial,* July 10

*Undertaker,* H. H. Blizzard

*Place of Business,* 198 Aisden

L. G. Shanow M. D.,
Medical Attendant.

*Address,* N. Sticken St No. 427

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore,

Permit No. 58789 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1 1902 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 8 9 11

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Harris

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* Years, 2 Months, 11 Days,

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 98 Orchard

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Sfasmus and Bilateral Bronch

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Str

*Date of Burial,* July 10

*Undertaker,* Alex Hensley

*Place of Business,*

Geo. W. Dunn M. D.,

~~Medical Attendant~~

*Address* Cor of Dugdale

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

7

# Board of Health, City of Baltimore,

**Permit No.** 58190

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 10 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Glines

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 15 & E. Chew St.

*Cause of Death,* First (Primary,) Consumption of Lungs

Second (Immediate,) Consumption of Lungs

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery

*Date of Burial,* July 10th 82

O. A. G. Watson M. D.
Medical Attendant.

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 N. Gay

*Address* 437 N. Central Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 58718 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adam Ward

*Sex, Male or Female,* { Cross out the word not required in this line. } —

*Age,* — *Years,* — *Months,* 11 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } S

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* { Give street and Number. } 152 Chesapeake St

*Cause of Death,* { First, (Primary,) 2. Convulsions / Second, (Immediate,) 3. Sudden Death

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cemetery Lombard

*Date of Burial,* July 11th 1882

*Undertaker,* H. Lamdin Jr

*Place of Business,* 252 Lombard *Address,* 252 Lombard St

C. Murphy M. D.,
Medical Attendant.
Comm & Hanover Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 58192 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

REGISTER'S DEPARTMENT JUL 10 1882 BALTIMORE

*Date of Death,* July 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 57 *Years,* 1 *Months,* 25 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* XXX

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Europe - Germany

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give street and Number.} 204 E. Pratt St

*Cause of Death,* First, (Primary,) Tuberculous Enteritis

Second, (Immediate) Enteritis

*Duration of Last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 11th 1882

*Undertaker,* H. Lamar

*Place of Business,* 252 Canton Ave

James E. Donnelly M. D.,
Medical Attendant.

Address, 996 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 38793 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Metz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 69 *Years,* 11 *Months.* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Manufacturer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 39 Years

*Place of Death,* {Give street and number.} No 405 S Eutaw

*Cause of death,* First, (Primary,) Valvular disease of Heart

Second, (Immediate,)

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* July 11th

*Undertaker,* B. Neale

*Place of Business,* 42 West Fayette

I. C. Burch M. D.,
Medical Attendant.

*Address,* 151 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 58194 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58194

# CERTIFICATE OF DEATH.

*Date of Death,* July 10/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} albert C. Landin

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 23 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 387 East av.

*Cause of Death,* First, (Primary,) Measles

Second, (Immediate,) Acute Dysentary

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem Inf

*Date of Burial,* July 12th 82

*Undertaker,* Wm Nicolaus

*Place of Business,* 255 Alice Ann

R. W. Mansfield M. D.,
Medical Attendant.

*Address,* 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

# Board of Health, City of Baltimore,

Permit No. 58 / 95 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 92

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Sandarek

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 318 Hereford Ave

*Cause of Death,* {First (Primary,) Cholera Infantum
Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* July 11. 92

*Undertaker,* Adam Fink

*Place of Business,* 461 Gay St.

Irving Miller M. D.
Medical Attendant.

*Address* 17 Edmonson Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 5-8196 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo H Brun

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 5 *Months,* *Days.*

*Color,* Wht

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 33 Foster alley

*Cause of death,* First, (Primary.) Inflammation of bowels

Second, (Immediate,)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* July 10th 1882

*Undertaker,* H L Gordon

*Place of Business,* 65 Park Ave

G Lane Tanneyhill M. D.,
Medical Attendant.

*Address,* 129 W Biddle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5819 Bureau of Health, City of Baltimore. Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

Date of Death, July 10th, 7:07 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence May Melvin

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Years, Three Months, 12 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto., City.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} W 199 Columbia Av.

Cause of death, First, (Primary,) Infantile indigestion

Second, (Immediate,) Inanition

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, July 11th 1882

Undertaker, Wm. J. Tickner

Place of Business, 136 Camden St

Medical Attendant. Thos. S. Alderdice M. D.,

Address N.E. Cor Columbia Av. & Fremont

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 58198 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 9th. July 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Georg Kuebert

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~~~

*Occupation,* ~~~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give street and number.} Chapman Street 149. 159 Collington Ave.

*Cause of death,* First, (Primary,) Variolois

Second, (Immediate,) Angina maligna

*Duration of Last Sickness,* 8 days

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* July 10th 82

*Undertaker,* G Brance

*Place of Business,* Bank & Wolfe *Address,* S. Wolfe 117

William Henkel M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58797 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Wm. Thompson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* 10 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} No 1 Young's Court

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Brain trouble

*Duration of Last Sickness,* 10 days.

All the above Information should be furnished by the Physician.

*Place of Burial,* E. Balto Pub Cem

*Date of Burial.* July 11th 1882

*Undertaker,* M. Colman

*Place of Business,* City Hall

Francis A. Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5-8202 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 9. 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Magdalena Schenkenbach

*Sex,* ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 21. *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and Number.} 139 Conway

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 10

*Undertaker,* B Barlee

*Place of Business,*

Thomas Cotter M. D.,
Medical Attendant.

*Address,* 146 Hanover St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58201

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 8 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarate E Stevenson

~~Sex,~~ ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* — *Years,* — June *Months,* — *Days.*

*Color,* Black

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 5 Months

*Place of Death,* {Give street and number.} 12. N. Ann St.

*Cause of Death,* First, (Primary.) Chol. Infl.

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Second Cemetery

*Date of Burial,* July 8 1882

*Undertaker,* William Dunn

*Place of Business,* No 62 E. Balto St

Wm H. Norris M.D.,

Medical Attendant.

*Address,* 154. E. Balto. St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 58202 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 11 1892 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 9 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. L. Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* 21 *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Child

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give Street and Number.} 173 Eutaw

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,) Apnoea

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* July 9 1892

*Undertaker,* William N. Dwiggins

*Place of Business,* No 62 East Pratt

D. Streett M. D.,
Medical Attendant.

*Address,* 143 N. Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

# Board of Health, City of Baltimore,

**Permit No.** 58203 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 11 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Franciscus Korynski

*Sex, Male* ~~or Female~~, { Cross out the word not required in this line. }

*Age,* 33 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* One Year

*Place of Death,* { Give street and Number. } 32 S Lakeside Ave

*Cause of Death,* First, (Primary,) Malarial Fever

Second, (Immediate,) " "

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Pt Alleghany Cem

*Date of Burial,* July 10th 1882

*Undertaker,* D C Pechin

*Place of Business,* 215 Aliceanna St

Geo. H. Benson M. D.,

~~Medical Attendant.~~

Address, Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 58204 *Office of Registrar of Vital Statistics.* Ward 15-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Schillinger

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* 29 *Days,*

*Color,* White –

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City – –

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 87 Barre St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 36 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 11th "

*Undertaker,* F. A. Tall

*Place of Business,* 131 Hanover St

R. J. N. Tall M. D.,
Medical Attendant.

*Address,* 152 Shaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 58205 *Office of Registrar of Vital Statistics.* Ward 8-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 11 1902 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1902

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Robert Brooks

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 44 *Years,* 2 *Months,* [illegible] *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 2. 8 E Register St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Rupture Gut

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* July 10

*Undertaker,* J Herwig

*Place of Business,*

J. Kelly M. D.,
Medical Attendant.

*Address,* 210 [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5826 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 10 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A. Koehler

*Sex,* ~~*Male or*~~ *Female,* { Cross out the word not required in this line. } Female

*Age,* 7 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the words not required in this line. } Widow

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* { Give street and number. } 472 Harford ave.

*Cause of Death,* { First (Primary,) Brights Disease of Kidneys
Second (Immediate,) " "

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsia Cemetery

*Date of Burial,* July 11 1882

{ *Undertaker,* James F Byrne
*Place of Business,* 463 N Front St

A. Gatton M. D.
Medical Attendant.

*Address* 457 N. Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

472

Permit No. 58207 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 11 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gray

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 49 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Mariner

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 163 Bank St.

*Cause of Death,* First, (Primary,) Pernicious Fever

Second, (Immediate,) Excurial Penalis

*Duration of Last Sickness,* Called on Tuesday July 4th 1882

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* July 10th 1882

*Undertaker,* H. A. Dauer

*Place of Business,* 74 S. Bway

James E. Donnelle M. D., Medical Attendant.

Address, 291 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

**Permit No.** 5820 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Revel Bonawell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 10 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 128 S. Collington Avenue

*Cause of death,* First, (Primary,) Diphtheria

Second, (Immediate,) Apnoea

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Accomac Co. Va.

*Date of Burial,* July 11th 1882

*Undertaker,* M. A. Daiger.

*Place of Business,* 14 S. Bdwy. Jno. S. Lynch M. D., Medical Attendant.

Address, # 1 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, [illegible]

1

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 58209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Wattyer

*Sex, ~~Male or Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 2 *Days.*

*Color,* White

[redacted], *Widow* [redacted], {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 77 East Fayette St.

*Cause of Death* First, (Primary,) Cholera infantum

Second, (Immediate,)

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Cemetery

*Date of Burial,* 10 July

*Undertaker,* [redacted]

*Place of Business* No 62 East St *Address,* 95 S Sharp St

P Abbes M. D.
Medical Attendant.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 58210 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1902 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 10

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ed Sieger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 4 Months, 23 Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 1 Rain ggdd St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Inanition.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* N Rub

*Date of Burial,* July 10

*Undertaker,* F A Kerchner

*Place of Business,*

Geo. W Gibson M. D.,

~~Medical Attendant~~

*Address,* Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 58211 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1911 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 9th 1911

*Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Charles Epplen

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 8 *Years,* ... *Months,* ... *Days.*

*Color,* White

*Single, Widow or Widower,* {Cross out the word not required in this line.} ...

*Birthplace,* Canada

*Length of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give street and number.} No 29 Bolgano St Town

*Cause of death,* First, (Primary,) Gangrenous ulcer of Head

Second, (Immediate,) Loss of Exhaustion

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 11 th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 60 Greenmount Ave *Address,* ...

Wm Whitridge M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore. 7

**Permit No.** 5821 2 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christena E. Hammil

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Kansas

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give street and Number.} No 2 Point Lane

*Cause of Death,* First, (Primary,) ——

Second, (Immediate,) Consumption

*Duration of Last Sickness,* About two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 12 Th

*Undertaker,* H.C. Widefield

*Place of Business,* 90 Gruenmount Ave

Milton N. Taylor M.D.

Medical Attendant.

Address, Broadway & McElderry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 26,213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 7 - 10 - 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Graham

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 17 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} DC

*Duration of Residence in the City of Baltimore,* L

*Place of Death,* {Give street and number.} 345 N Fay

*Cause of Death,* {First (Primary,) Inanition

Second (Immediate,)

*Duration of Last Sickness,* 1

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 11th

*Undertaker,* Lee Schilling

*Place of Business,* Ashland & Gunn

Irving Miller *M. D.*
Medical Attendant.

*Address* 1732 E Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No 5214

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5-8214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~11~~ July 10th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Baker.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ 5 *Months,* ____ *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 46 E. Biddle St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

*Duration of last Sickness,* About 2 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* July 11th

*Undertaker,* Adam Fink

*Place of Business,* 161 W. Pratt St.

John G. White, M. D.
Medical Attendant.

*Address,* 342 E. Fredrick

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OV 44]

# Board of Health, City of Baltimore,

Permit No. 58215 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1821

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentine Gerhard

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Carter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give street and Number.} 157 West St.

*Cause of Death,* First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) Haemoptysis

*Duration of Last Sickness,* 21 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto

*Date of Burial.* July 12.

*Undertaker,* B Markle

*Place of Business,*

R. J. N. Tall M. D.,
Medical Attendant.

*Address,* 152 S Eutaw

HEALTH DEPARTMENT JUL 11 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# /0 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1882 BALTIMORE

*Permit No.* 5816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Gertrude Sindall

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 11 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* Life residence

*Place of Death,* {Give street and number} 253 W. Fayette St

*Cause of Death,* First, (Primary,) Valvular disease of the heart

Second, (Immediate,) Dropsy -

*Duration of last Sickness,* Two years -

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 11

Louis H. Knight M. D.
Medical Attendant.

*Undertaker,* Geo Behulling

*Place of Business,* .....

*Address,* 112 N. Greene

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# 3 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

nit No. 58217

he Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or , if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

of Death, July 10 - 1882

Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Smith

~~Male or~~ Female, {cross out the word not required in this line.}

78 Years, — Months, — Days.

White

~~ried, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

pation, —

hplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

ation of Residence in the City of Baltimore, Jeff. (50) Jean

ce of Death, {Give street and number} Penal Home, Lyons - Broadway

se of Death {First, (Primary,) Phthisis Pneumonia

{Second, (Immediate,)

ation of last Sickness, —

All the above information should be furnished by the Physician.

ce of Burial, Western Cemetery.

e of Burial, July 11th, 1882.

ndertaker, Wm. H. Dickerson

lace of Business, 23 N. Gay St. Address, Penal Home, Lyons - Broadway

F. D. Lamb M. D.
Medical Attendant.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to sh within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

13

# Board of Health, City of Baltimore,

Permit No. 5-818

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

JUL 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents Francis & Patterson

Bertha Patterson

*Sex, ~~Male or~~ Female.* {Cross out the word not required in this line.} ~~Male~~

*Age,* ____ *Years,* 3 *Months,* 7 *Days.*

*Color,* White

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 66 Parkin St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Cholera Infantum

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 11/82

*Undertaker,* Thos Rothel

*Place of Business,* 192 Germans St

H. H. Hebner *M.D.,*

Medical Attendant.

*Address,* 298 W. Lombard St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58219 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE JUL 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bassett

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 7 *Months,* 1 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Norristown Pa

*Duration of Residence in the City of Baltimore,* 5 months

*Place of Death,* {Give street and Number.} 744 ~~&~~ Hanover St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 12th 82

*Undertaker,* C. F. Krause

*Place of Business,*

Arthur Cotton M. D.,
Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 58220 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester Adams

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 100 *Years,* *Months,* *Days.*

*Color* Col

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Eastern Shore

*Duration of Residence in the City of Baltimore,* 50 yrs

*Place of Death,* {Give street and number.} 462 L. Monument St

*Cause of death,* First, (Primary,)

Second, (Immediate,) Old Age

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 12 1882

*Undertaker,* A. J. Kennedy

*Place of Business,* 1160 Charles St

R. Winslow M. D.,
Medical Attendant.

*Address,* 201 W. Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58221 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Taylor

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 16 *Months,* ..... *Days.*

*Color,* Colk

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 39 Moores alley

*Cause of death,* First, (Primary,) chol. infantum

Second, (Immediate,) convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 11. 1882

*Undertaker,* Alf Hensley

*Place of Business,* 116 Orchard st

G Lane Tanehill M. D.,
Medical Attendant.

*Address,* 129 N Eutaw

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 38222 — *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Garrettson

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* Two *Years,* ——— ~~*Months,*~~ *Days.*

*Color,* Brown

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and number.} No. 31 St. Marys Pl.

*Cause of death,* First, (Primary,) Cholera Infantum,

Second, (Immediate,) ———

*Duration of Last Sickness,* 24 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 12th 1882

*Undertaker,* D. J. Gray

*Place of Business,* 65 Mulberry St

G. W. Gardner M. D.,
Medical Attendant.

*Address,* 120 N. Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5-8223 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 9th " 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lula Maggie Edwards,

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 1 *Months,* 14 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 27 Henrietta St,

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cerebro Spinal Meningitis

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial* Balto Co

*Date of Burial* July 13 th 1882

*Undertaker,* Armstrong & Dorsey

*Place of Business,* 263 Lighst

R. J. H. Tall, M. D.,
Medical Attendant.

*Address,* 152 Sharp St,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 58224 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 11 = 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Neuman Dettman

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 79 *Years,* ~~8~~ *Months,* ~~—~~ *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ Widower

*Occupation,* ~~—~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* Fourteen years.

*Place of Death,* {Give street and Number.} 38. Clifford St.

*Cause of Death,* First, (Primary,) Senile Decay.

Second, (Immediate,) Dropsy

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western. ~~Park~~ Cem

*Date of Burial,* July 11 = 1882

*Undertaker,* F. A. Loechlein

*Place of Business,*

Geo. H. Jones M. D., Medical Attendant.

Commissioners of Health

Address, Register

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Eby Geo. E. Dreuing

# Board of Health, City of Baltimore,

Permit No. 5-8225

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Wohlebin

*Sex, Male or F[illegible],* {Cross out the word not required in this line.}

*Age,* Seventy Four *Years,* Six *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Brewer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give street and number.} No 151 Franklin St

*Cause of Death,* First, (Primary.) [redacted] Old age

Second, (Immediate.) Asthma

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Saint Alphonsus

*Date of Burial,* July 12th 1882

W W Sutton *M.D.,*
Medical Attendant.

*Undertaker,* Andrews & Hodges

*Place of Business,* No 4 X 6 Druid Hill Ave *Address,* 172 Franklin St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

20 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 5-8226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 10 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Jeanette J. S. Smith.

*Sex, Male or Female,* { Cross out the word not required in this line. } F.

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* white *Sex,* F.

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Frederick Co. Md

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* { Give street and number. } 457 W. Lanvale St.

*Cause of Death,* { First (Primary,) Congestive Chill

Second (Immediate,)

*Duration of Last Sickness,* 24 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Fredrick City Md

*Date of Burial,* July 12th 1882

*Undertaker,* STEWART & MOWEN, UNDERTAKERS,

*Place of Business,* 35 Park Ave.

J. L. Ryle M. D.
Medical Attendant.

*Address* 247 Lanvale st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 58227

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1882 BALTIMORE

*Date of Death,* July 10. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give name of parents.} John Nash

*Sex,* Male ~~or Female~~, {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 874 N. Paca St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate.) .....

*Duration of Last Sickness,* Two weeks

All the above Information should be furnished by the Physician.

*Place of Burial* Western Cem.

*Date of Burial,* July 11 1882

*Undertaker,* J. F. Cook. } James J. Wolf M. D.,

*Place of Business,* 707 W. Balto St. } *Address,* 319 Hollins St. Medical Attendant.

October

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

15

# Board of Health, City of Baltimore,

Permit No. 58228

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 11 1882 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 10 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wolf

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* — *Months,* — — *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* {Give street and number.} 28. Johnson St

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* 5 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 13th 1882

*Undertaker,* Theiss & Koehler

*Place of Business,* Sharpe Cross St. *Address,* 57 Granby av

H. B. Noble M.D.,
Medical Attendant.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

# Board of Health, City of Baltimore,

Permit No. 58229

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

JUL 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1882 —

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Leery Johnston

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* —— *Months,* —— *Days.*

*Color,* Colored *Sex,* Male —

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and number.} 32 Elbow Lane

*Cause of Death,* First (Primary,) Cerebro Spinal

Second (Immediate,) Meningitis

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 11

*Undertaker,* H Ross

*Place of Business,* 95 Monument St

T Edward Kirby M. D.
Medical Attendant.

*Address* 24 Columbia Ave —

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 5-8230 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 '82 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Enoch Fair

*Sex, Male* ~~or Female~~, { Cross out the word not required in this line. }

*Age,* Two *Years,* one *Months,* — *Days.*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~. { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* { Give street and Number. } 4 Jenkins Alley

*Cause of Death,* First, (Primary,) Scarlet

Second, (Immediate,) Convulsion, (Hadrio physician)

*Duration of Last Sickness,* About 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* July 12/82

*Undertaker,* Stephens & Henson

*Place of Business,* 27 Druid Hill ave

Elias C Price M.D.,
Medical Attendant.

*Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 13 Board of Health, City of Baltimore,

Permit No. 58281

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Holden Gilsh

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* 18 *Months,* 26 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Ever + 26 yrs

*Place of Death,* {Give street and number} 66 Parken St.

*Cause of Death* { First, (Primary,) Gastric Fever. / Second, (Immediate,) Asthenia

*Duration of last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cemty

*Date of Burial,* July 11th 1882

*Undertaker,* Geo. Lemlash

*Place of Business,* 387 W. Pratt St.

*Address,* 19 S. J[illegible] St.

H. Dühl M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58232 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. nnder penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 11 1892 BALTIMORE

*Date of Death,* July the 8th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Marie Jones

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days,*

*Color,* Black

*Married,* ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

*Occupation,* in former times Washing

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* at all times

*Place of Death,* {Give street and Number.} 54 Mulligan St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Heart disease

*Duration of Last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July th 11th

*Undertaker,* Mr Dungen

*Place of Business,*

Geo W. Dixon M. D.,

~~Medical Attendant.~~

*Address,* Con Pt & Hull

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 58233

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58233 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 10th July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susannah Mastine

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 96 *Years,* *Months,* *Days.*

*Color,* Colored

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.} Widow

*Occupation,* House Servant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Howard Co Md.

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give street and Number.} 168 S. Howard St

*Cause of Death,* First, (Primary,) Chronic = Bronchitis

Second, (Immediate,) Exhaustion of Asthenia

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn Cemetery

*Date of Burial,* [redacted] July 12/82

*Undertaker,* A Rose

*Place of Business,* Cemetery

J. D. Dyer M. D.
Medical Attendant.

*Address,* 146 Hill St

J. DYER M.D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

# Board of Health, City of Baltimore,

Permit No. 38 234 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet L. Johnson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~0~~ *Years,* ~~6~~ 9 *Months,* 11 *Days.*

*Color,* ed

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 92 Lyon St

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate.)

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lowel Cemetery

*Date of Burial,* July 11 - 1882

*Undertaker,* Wm. W. Madden.

*Place of Business,* 46 East St

R. B. Browne M. D.,
Medical Attendant.

*Address,* 907 Madison av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-8235 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 9. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Knight

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} male

*Age,* 3 *Years,* 3 *Months,* — *Days*

*Color,* Colored.

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Life time.

*Place of Death,* {Give street and Number.} 138 Low St.

*Cause of Death,* First, (Primary.) Acute Rheumatism.

Second, (Immediate,) Endocarditis with effusion

*Duration of Last Sickness,* Abt 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon County

*Date of Burial,* July 10.

*Undertaker,* Chas H Hile

*Place of Business,* 37 South St

John R. Lemmon M. D.

Medical Attendant.

*Address,* 1386 Monument St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

# Board of Health, City of Baltimore,

Permit No. 58236 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Morgan Jr.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number.} 2 E Baltimore St.

*Cause of death,* First, (Primary,) Gastro-Enteritis -

Second, (Immediate,) Exhaustion -

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July the 12

*Undertaker,* Walter Imm'd

*Place of Business,* 315 W. Biddle Street *Address,* 320 Penna Ave

A. Richard M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 38257

*Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT JUL 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Camelle

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Two *Years,* 3 *Months,* 0 *Days.*

*Color,* Light brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Prince George Co Md

*Duration of Residence in the City of Baltimore,* Six months

*Place of Death,* {Give street and number.} No 60 Sarah st

*Cause of Death,* First, (Primary.) Infl of stomach

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 11 1882

*Undertaker,* Adf Hemsley

*Place of Business,* 1160 Orchard

B F Bohrer *M.D.,*

Medical Attendant.

*Address,* Cor Dolphin & Eutaw

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### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58238 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Racetski

Mule

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 0 *Months,* 0 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 62 Philpot St.

*Cause of Death,* First, (Primary,) Entero. colitis followed by

Second, (Immediate,) Convulsions,

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem. } by

*Date of Burial,* July 12th } John H. Lehberger M. D.,

Medical Attendant.

*Undertaker,* John Brown }

*Place of Business,* 224 South Bethel } Address, # 243 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58239

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Lina Marshall

*Sex* ~~Male~~ / *Female,* {Cross out the word not required in this line.}

*Age,* [redacted] *Years,* *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ~~[redacted]~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 193 Lexington St

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 193 4 n. Gilmor St

*Cause of death,* First, (Primary,) Gastro enteritis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* July 11th 1882

*Undertaker,* Andrew Rohde

*Place of Business,* No 48 Pennsylvania Ave

B. Howard M. D.,
Medical Attendant.

*Address,*

HEALTH DEPT. JUL 12 1882 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 582410 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Elizabeth Hannan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 9 *Months,* 24 *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 327 N Central Ave

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Three (3) Days

All the above Information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* July 12, 1882

*Undertaker,* Henry Rock

*Place of Business,* 509 Central Ave.

C. E. Flour M. D.,
Medical Attendant.

Address, 1 E Eager Baltimore Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# // Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE JUL 12 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 11. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Tettenhoff

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 47 *Years,* 5 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give street and number} 240 Madison Avenue

*Cause of Death* { First, (Primary,) Carcinoma of Stomach Cancer of Uterus
Second, (Immediate,) Rupture of abscess into Peritoneum

*Duration of last Sickness,* for several years

All the above information should be furnished by the Physician.

*Place of Burial,* Lindn Park Cem

*Date of Burial,* July 13th 1882

*Undertaker,* Thos S Hughes

*Place of Business,* 100 E Balto

Marburg Brewer M. D.
Medical Attendant.

*Address,* 68 McCulloh St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

THOS. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 58242 — *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th; 11:58 A. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male.

*Age,* ——— *Years,* 10 *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} No 122 Little Green St.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and number.} No 122 Little Green St.

*Cause of death,* First, (Primary,) Teething

Second, (Immediate,) Convulsion

*Duration of Last Sickness,* 24 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 12th 1882

*Undertaker,* J. M. Seewald

*Place of Business,* 35 S. Eutaw St

Wm. H. Eberdice M. D.,
Medical Attendant.

*Address,* N.E. Cor. Columbia Ave. & Fremont St.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 58243 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Cullen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Milkdealer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give street and number.} No 318 Williams St

*Cause of death,* First, (Primary,) Atrophy

Second, (Immediate,)

*Duration of Last Sickness,* 12 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cem'y

*Date of Burial,* July 13th 1882

*Undertaker,* Jos F. Byrne

*Place of Business,* 59 N Liberty St

J. C. Burch M. D.,
Medical Attendant.

*Address,* 15 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

1

# Board of Health, City of Baltimore,

Permit No. 58244

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Alexander Watts

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 80 *Years,* 1 *Months,* 17 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Merchant

*Birthplace,* {State or Country and how long in the United States. If of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 71 O'Donnell St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Malaria

*Duration of Last Sickness,* about 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 12th 82

E J Hilman M.D.,
Medical Attendant.

*Undertaker,* G. Frazer

*Place of Business,* Dan'l R & Wolff *Address,* 53 E Eutaw St

---

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58246 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Hillyard

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 80 *Years,* 10 *Months,* 26 *Days,*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.} Widow

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 30

*Place of Death,* {Give street and Number.} 622 W. Baltimore st

*Cause of Death,* First, (Primary,) Senile Debility

Second, (Immediate,) —

*Duration of Last Sickness,* Several years)

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem.

*Date of Burial,* 13th July 1882

*Undertaker,* Joseph Cook

*Place of Business,* 707 W. Baltimore st

Jas. E. Gibbons, M. D., Medical Attendant.

*Address,* 47 Edmondson ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 58246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1 o'clock P m.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen M. Trapp

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* 3 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Child

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 83 Parkin St.

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} 83 Parkin St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

*Duration of last Sickness,* 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 12 1882

*Undertaker,* J. B. Cook

*Place of Business,* 137 W Balto St.

C. C. Richardson M. D.
Medical Attendant.

*Address,* Fountain & Bennett

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

# Board of Health, City of Baltimore,

Permit No. 5-8247 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Joseph Friese

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 16 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 88 Fort Ave.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Inanition

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 12th

*Undertaker,* Henry Price

*Place of Business,* Hanover 81

R. J. N. Tall M. D.,
Medical Attendant.

*Address,* 152 Shaw Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

**Permit No.** 58248 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Hutchel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 652 Light

*Cause of Death,* First, (Primary,) Artificial Food & Heat

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 12

*Undertaker,* B. Hart

*Place of Business,* 52 West St.

Edward Cotte M. D.,
Medical Attendant.

*Address,* 146 Hanover St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58249 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Walton

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and number.} 399 N. Gay St

*Cause of death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Abscess of Lung

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 13 th

*Undertaker,* H. O. Wedefeld

*Place of Business,* 90 Greenmount Av

John Neff M. D.,
Medical Attendant.

Address, 202 Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ...e and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 58250 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 11th July 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis Curtis

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* 2 *Months,* 17 *Days,*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. } Single

*Occupation,* Nothing

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 40 Peach alley

*Cause of Death,* First, (Primary,) Ischuria Renalis

Second, (Immediate,) Convulsions Et coma

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 12

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

J. D. Dyer M. D.

Medical Attendant.

*Address,* 146 Hill St.

I. D. Dyer M.D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

# Board of Health, City of Baltimore,

Permit No. 5-8257 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Shields

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 79-80 *Years,* ~ *Months,* ~ *Days,*

*Color,* Black

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} Widow

*Occupation,* Midwife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Many Years

*Place of Death,* {Give street and Number.} 65 Raborg St

*Cause of Death,* First, (Primary,) Dysentery

Second, (Immediate,) Exhaustion - 5 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 12 82

*Undertaker,* Alf Hemsley

*Place of Business,* 116 Orchard ~~St~~ *Address,* 55 No. Greene St.

W. J. A Kemp *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 58252 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Martin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 5 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 528. W. Pratt

*Cause of Death,* First, (Primary,) Caries of the Spine

Second, (Immediate,)

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial.* St Peters

*Date of Burial.* Wed. July 12th

*Undertaker,* Chas. Wm. Gardner

*Place of Business,* 227 Aisquith

Edwd F. Mulholland M. D.,
Medical Attendant.

*Address,* 283. W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5-8263 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lacy

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 1/2 Hours ~~Days.~~

*Color,* White

*~~Married~~, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 1/2 Hours

*Place of Death,* {Give street and Number.} No 382 Linden Av.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Premature Birth

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park

*Date of Burial,* July 12/82 Pembroke Wm Howard M. D.

Medical Attendant.

*Undertaker,* STEWART & MOWEN, UNDERTAKERS, 35 Park Ave

*Place of Business,* *Address,* ~~No~~ 205 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rules on Reverse Side of this Certificate.

# 17 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Florence Snyder

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 25 *Years,* 2 *Months,* 5 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto, Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 92 ~~Buttough~~ St Fort Ave

*Cause of Death* First, (Primary,) Lifting.

Second, (Immediate,) Spinal Meningitis

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 13

*Undertaker,* B Hard

*Place of Business,*

Robert S. Lowe M. D.
Medical Attendant.

*Address,* 143 Battery Ave & 323 Light St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 16 Board of Health, City of Baltimore,

**Permit No.** 58555

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BOARD OF HEALTH JUL 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Alexander Warner

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* 1 *Years,* ..... *Months,* ..... *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~

*Occupation,* ~~—~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 203 S Howard st

*Cause of Death* { First, (Primary,) Inanition —
Second, (Immediate,)

*Duration of last Sickness,* Several weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 11th 188 — J Hanson Hill M. D.
Medical Attendant.

*Undertaker,* Leonbertrains

*Place of Business,* 130 Sarretta — *Address,* 119 Edmondson Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5825 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Shafer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* 3 *Months,* 7 *Days,*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Labourer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 37 years

*Place of Death,* {Give street and Number.} 215 S Broadway

*Cause of Death,* First, (Primary,) Age

Second, (Immediate,)

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* 13 July 1882

*Undertaker,* John C Fitch

*Place of Business,* Address, 194 Broadway

E J Way M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health,-City of Baltimore,

Permit No. 58257 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11 ; A. M. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Ivers

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 18 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* X X X

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 3 Years

*Place of Death,* {Give street and Number.} 105 E. Monroe

*Cause of Death,* First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,)

*Duration of Last Sickness,* Two Weeks Called in Dr Mekay Sunday Last

All the above Information should be furnished by the Physician.

*Place of Burial* St. Alphonsus Cem.

*Date of Burial,* July 12

*Undertaker,* W. Diffel

*Place of Business,* S. Bond St. 161

L. Dorsey M. D.,
Medical Attendant.

*Address,* 99 E. Lee St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58258 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Reddehase

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Saloon Keeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 yrs

*Place of Death,* {Give street and Number.} 216 N Gay St

*Cause of Death,* First, (Primary,) Heart Disease

Second, (Immediate,) Lung " "

*Duration of Last Sickness,* Heart trouble several yrs One year

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 14/82.

*Undertaker,* Ran & Bartlett

*Place of Business,* 62½ W. Bolt St

A Lapp Thorkin M. D.,
Medical Attendant.

*Address,* 11 S. 14th St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Numerical Index, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58259 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Hartze

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 20 hours ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 89 Thames st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Inanition

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,*

*Date of Burial,*

*Undertaker,* J C Schuh

*Place of Business,*

Geo. H. Dixon M. D.,
~~Medical Attendant~~

Address Bd. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Henry McKeown

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5826 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Wilmer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 11 *Days,*

*Color,* C

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 10 Mc Cubbin St

*Cause of Death,* First, (Primary,) Trismus Nascentium

Second, (Immediate,) "

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 13th 1882

*Undertaker,* Thos J Locks

*Place of Business,*

Thos F. Timms M. D.,

~~Medical Attendant~~

*Address,* Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

18

# Board of Health, City of Baltimore,

Permit No. 5826

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Tommy Tyler

*Sex, Male or ~~Female,~~* { Cross out the word not required in this line. }

*Age,* 1 *Years,* 6 *Months,* *Days.*

*Color,* Blk.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* 1/2

*Place of Death,* { Give street and number. } 53. Stockton al

*Cause of Death,* { First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Opium

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Ecmeln

*Date of Burial,* July 12 1882

*Undertaker,* S H Chase

*Place of Business,* 198 Lanvard

Herbert Harlan M.D.,
Medical Attendant.

*Address,* Balto 2n Disp

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ll Cases, Accompany ...

# Board of Health, City of Baltimore.

Permit No. 58262 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 1882 July 11th 8 Oclk P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosetta Worsdell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* {Give street and number.} 136 Edmondson Ave

*Cause of death,* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 13 1882

*Undertaker,* J. B. Blackiston

*Place of Business,* Fombard & Monument Sts

Spn Jackson Evans M. D.,
Medical Attendant.

*Address,* 149 N. Fulton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ... Cases, Accord to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58263 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. [illegible] Walker

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* 30. *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ball

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 573 Hanover st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 12 th 1882 Lazare Brfc M. D.

Medical Attendant.

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light St *Address,* 146 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully [illegible] Permit Must, in all Cases [illegible] Dest' [illegible]ow, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

## Office of Registrar of Vital Statistics.

Permit No. 68264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Conley.

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

*Occupation,* Sailor.

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Ireland 9 m. in Am.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } St. Josephs Hospital.

*Cause of Death,* First, (Primary.) Tuberculosis

Second, (Immediate.) Tubercular Peritonitis.

*Duration of Last Sickness,* About 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible] Cemetery

*Date of Burial,* July 12

*Undertaker,* [illegible]

*Place of Business,*

S. V. G. Stoopman M.D.,
Medical Attendant.

*Address,* St. Josephs Hosp

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of D[illegible] of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 58264 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 [illegible] BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hovenar.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany - Time in America

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and number.} St. Josephs Hospital

*Cause of death,* First, (Primary,) Alcohol

Second, (Immediate,) Delirium Tremens one week.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* [illegible]

*Undertaker,* [illegible]

*Place of Business,*

S. V. G. Hoffman M. D.,
Medical Attendant.

*Address,* St Joseph's Hosp.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to [illegible] in all Cases. Accor[illegible] to List of Diseases [illegible] Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 38266 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } W S Townsend

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 57 *Years,* *Months,* *Days,*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* { Cross out the word not required in this line. }

*Occupation,* Schoolteacher

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* Three weeks

*Place of Death,* { Give street and Number. } University Hospital

*Cause of Death,* First, (Primary,) Tuberculosis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 3 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* July 13th 1892

*Undertaker,* F. Lehnes Schaefer

*Place of Business,* 109 N Frederick

West M. D.,

Medical Attendant.

Address, University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Law ... for Filling out this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58267 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* July 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Wilson Lee

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* Negro

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Washerwoman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} No 9 Jasper St

*Cause of Death,* First, (Primary,) Peritonitis

Second, (Immediate,)

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shank St Cemetery

*Date of Burial,* July 13 1882

*Undertaker,* Alf Hemsley

*Place of Business,* 116 Orchard St

J. L. Romero *M. D.,*
Medical Attendant.

*Address,* 245 Saratoga St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5-8268 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 12th July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac G. Brauer

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 0 *Years,* 3 *Months,* 13 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* (

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* (

*Place of Death,* {Give street and Number.} 263 Wenfort Ave.

*Cause of Death,* First, (Primary,) Congestion to brain

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* 14 July

*Undertaker,* Rau & Bartell

*Place of Business,* 62½ W. Bell St.

D. W. Helsman M. D.,
Medical Attendant.

*Address,* 121 East 17. Balt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-8269 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

*Date of Death,* July 12

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert J. Mc Shane

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Nil

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give street and Number.} 46 Hillen st

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) asthenia

*Duration of Last Sickness,* 3 hrs

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park Cemetery

*Date of Burial,* July 13 188

*Undertaker,* Palmer & Lynn

*Place of Business,* No 63 n. Front

D. Sheets M. D.,
Medical Attendant.

*Address,* 143 N Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and Ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physician is Respe... to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58270 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 12/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Spriggs

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 149 S. Bethel St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn

*Date of Burial,* Thursday 13

*Undertaker,* Peet Bros.

*Place of Business,* 224 Lombard

N. L. Daoliell M. D.,
Medical Attendant.

*Address,* 209 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully [illegible] and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58271 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua L. Peyton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* 6 *Days.*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 25 Vincent Alley

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Lowrel Cemetery

*Date of Burial,* July 13 1882

*Undertaker,* William Deuse

*Place of Business,* No 62 East St

John Neff M. D.,
Medical Attendant.

*Address,* 204 Canton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible] Cases, Accompany the [illegible] Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58272 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Welch

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* Eighty-three *Years,* ——— *Months,* ——— *Days.*

*Color,* Brown

*Married, Single, Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Penna

*Duration of Residence in the City of Baltimore,* Two years

*Place of Death,* {Give street and number.} No. 81 Arch St.

*Cause of death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of Last Sickness,* Seven months

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudenslager

*Date of Burial,* July 13 1882

*Undertaker,* William Young

*Place of Business,* No. 62 East 6th

F. B. Gardner *M. D.,* Medical Attendant.

*Address,* 120 N. Green St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] on Back of this Certificate.

# Board of Health, City of Baltimore,

*Permit No.* 85 6827[illegible] OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis H Elder

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* *Months,* *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Painter

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 79 Kerlan

*Cause of Death,* First (Primary,) Phthisis pul et Adhesions

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 14 1882

*Undertaker,* Jas P Byrne

*Place of Business,* Frankfort

Jno Miller M. D.
Medical Attendant.

*Address* 179 E Monument

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

12

# Board of Health, City of Baltimore,

Permit No. 58274

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11: 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca C. Miller

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Richmond Va

*Duration of Residence in the City of Baltimore,* 31 years

*Place of Death,* {Give street and number.} 215 Bolton st

*Cause of Death,* First, (Primary.) Child-birth

Second, (Immediate.)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 13th July 1882

*Undertaker,* H. W. Jenkins Son

*Place of Business,* 75 N. Charles *Address,* 201 Mad. Ave

P. L. Williams *M.D.,*
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5897 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 11. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Smith

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 59 *Years.* *Months.* *Days.*

*Color,* White

*Married, Single,* ~~Widow or Widower.~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and Number.} 123 Park av

*Cause of Death,* First, (Primary,) Cardiac asthenia

Second, (Immediate,) Oedema of Brain

*Duration of Last Sickness,* about 10 days —

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 14. 1882

*Undertaker,* Henry M. Jenkins Son

*Place of Business,* 75 N. Charles

D. Gilmanson M. D.

Medical Attendant.

223 Madison

Address,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 58176

## Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 12th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary D. G. Carroll

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 63 *Years,* 4 *Months,* 6 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Nun

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore all Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 90 West Monument-st

*Cause of Death,* { First, (Primary.) Gastric inflammation? Stomach trouble about 12 days. / Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul's Ev. Yard

*Date of Burial,* July 14. 1882

*Undertaker,* H W Jenkins & Son

*Place of Business,* 70 ct, Charles

Reginald Buckler M.D.
Medical Attendant.

*Address,* 135 N Charles st.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 38277 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Johnson Meide.

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* Years, 6 Months, Days,

*Color,* Black.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 92 Leadenhall St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Thorps Cemetery

*Date of Burial,* June the 13 88 2

*Undertaker,* Geo W Perkins Jr

*Place of Business,* 130 Henrietta St

W S Booze M. D., Medical Attendant.

*Address,* 206 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Permit No. 58278 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Adam Murphy

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 5 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} San Francisco California

*Duration of Residence in the City of Baltimore,* 2 ½ years

*Place of Death,* {Give street and Number.} 225 Allen near H

*Cause of Death,* First, (Primary,) Measles

Second, (Immediate,) marasmus

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* July 13th 1882

*Undertaker,* Leonhard Kurtz

*Place of Business,* S. Bond St. 277

W. A. Dohme M. D., Medical Attendant.

*Address,* 8 E. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

13

# Board of Health, City of Baltimore,

**Permit No.** 58279

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertie Bailey Colored

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months,* *Days.*

*Color,* Black *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 3. Months

*Place of Death,* {Give street and number.} 184. Nalsy

*Cause of Death,* First (Primary,) Consumption

Second (Immediate,)

*Duration of Last Sickness,* 3. Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe st county J G Connolly M. D.

*Date of Burial,* July. 13.

*Undertaker,* Gibreadon Medical Attendant.

*Place of Business,* 27 Druid Hill Ave. *Address* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 58288 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1 1902 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 12 1902

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Ellsworth Butler

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* Years, 8 Months, 30 Days.

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City -

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 48 Whatcoat St.

*Cause of death,* First, (Primary,) Gastro-Enteritis -

Second, (Immediate,) Exhaustion -

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* July 13

*Undertaker,* Walter Immel

*Place of Business,* 315 W. Biddle

S. Rickert M. D.,
Medical Attendant.

*Address,* 570 Penna Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Reverse Side.

# 19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 7281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

*Date of Death,* July 11th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Annis

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 33 *Years,* ——— *Months,* ——— *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number} 5 Paca ally

*Cause of Death* { First, (Primary,) Bilious Colic
Second, (Immediate,)

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Sharp St Cemetery

*Date of Burial,* July 13th 1882

*Undertaker,* Saml H. Chase

*Place of Business,* 178 Howard st

G. W. Annis M. D.
Medical Attendant.

*Address,* Cor Stricker & Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58282 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Clair

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} Aged Men & Women's Home 93 Lee st.

*Cause of death,* First, (Primary,) Paralysis & Ulceration of Leg.

Second, (Immediate,) Producing Pyaemia

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* July 13th 1882

*Undertaker,* Chas. W. Chase

*Place of Business,* 198 S. Howard st.

L. M. Hall M. D.,
Medical Attendant.

*Address,* 262 Sharp st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58283 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 12

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia Wilson.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 8 *Months,* 15 *Days,*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Bruns Ct Gen & Warner

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Spasms

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* W Public Cem

*Date of Burial,* July 14

*Undertaker,* ~~xxxxxxx~~

*Place of Business,* F. A. Kerchner

Geo. H. Dixon M. D.,

~~Medical Attendant.~~

Address Com. of Health

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Ex by Dno E Downing

16 Board of Health, City of Baltimore,

Permit No. 58284 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Marion Keefer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, one Months, three Days.

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} No 102 Washington Ave.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 5 Reinhard St.

*Cause of Death,* {First (Primary,) Cholera Infantum

Second (Immediate,) Gnanition

*Duration of Last Sickness,* About three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 14/82

*Undertaker,* H. Hamrith

*Place of Business,* Cor. Scott & Pratt

J. Ridgely Hammond M. D.
Medical Attendant.

*Address* Cor. Calhoun & Hollins Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 58285 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 12th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ethia Higgins

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 4 Months, ~~Days~~ Days.

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 87 Hermond Lane

*Cause of death,* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 13/82

*Undertaker,* F. T. NAMUTH, UNDERTAKER and Furnisher of Funerals, Corner SCOTT AND PRATT STS., BALTIMORE, MD.

*Place of Business,*

H. F. Bill M. D., Medical Attendant.

*Address,* 443 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 8286 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 7.13.82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. B. Brazier

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* .... 4 *Months,* 15 *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 4½ mos

*Place of Death,* {Give street and Number.} 201 Mulberry St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 8 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Met Olivet Cem

*Date of Burial,* July 14th 1882

*Undertaker,* Wm J. Treiber

*Place of Business,* 136 Camden st

Gill Cashman M. D., Medical Attendant.

*Address,* 349 Lee

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of ~~Baltimore~~.*

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 58287 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* July 13 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Emrick

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 7 *Months,* *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 582- W Balto St -

*Cause of Death,* First, (Primary,) Inanition

Second, (Immediate,) Brain & Fever

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 14 July

*Undertaker,* Weitenmeyer

*Place of Business,* Baltimore Ambulance

H. P. Hunt M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 58288 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* 12 July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hayman

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 77 *Years,* — *Months,* — *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} widower

*Occupation,* Shoemaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany Württemberg

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give street and number.} German N 229

*Cause of death,* First, (Primary,) Heart disease

Second, (Immediate,) Bright's Disease. Dropsies

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* 14 of July

*Undertaker,* Mrs S. Kimmer

*Place of Business,* 317 Mulberry St

A. E. Reinhard M. D.,
Medical Attendant.

*Address,* 224 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 58289 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 12 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Legwait

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 1 Dover st

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial* St Alphonsus Cemmetry

*Date of Burial,* 14 July

*Undertaker,* Mrs P. Kimmel

*Place of Business,* 317 Mulberry St

James Bailey M. D.,
Medical Attendant.

*Address,* 39 Dover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

# Board of Health, City of Baltimore,

**Permit No.** 58290 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Vasser

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* 11 *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Detroit Mich

*Duration of Residence in the City of Baltimore,* 6 yrs

*Place of Death,* {Give street and number.} 10 Center Market Space

*Cause of Death,* First (Primary,) Sorefula

Second (Immediate,) in & Hemorage

*Duration of Last Sickness,* Two or three days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Grave Yard

*Date of Burial,* July 14 1882

Richd Dorsey M. D.
Medical Attendant.

*Undertaker,* Bockelman & Carman

*Place of Business,* 38 Ensor St *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 58291 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Ulrich

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 6 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 10 N. Port St. Port St.

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Spasms

*Duration of Last Sickness,* 1 hr Dead

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* July 13th 82

*Undertaker,* G. Frazer

*Place of Business,* Bank & Wolfe Sts.

..... M. D.,
Medical Attendant.

*Address,* 310 Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 58292 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agusta Countess

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 20 *Years,* ... *Months,* ... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 2 Years

*Place of Death,* {Give street and Number.} No 1412 E Lombard St

*Cause of Death,* First, (Primary,) ...

Second, (Immediate,) Consumption

*Duration of Last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mayers Cem.

*Date of Burial,* 14 July 82

*Undertaker,* Michael Lantz

*Place of Business,* 35 Bank St

J. C. Hall M. D.,
Medical Attendant.

*Address,* 211 N. Howard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore

Permit No. 58293 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

*Date of Death,* July 12 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Early Harris

*Sex,* ~~*Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 8 *Years,* (about) ~~*Months,*~~ ~~*Days*~~

*Colored*

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia —

*Duration of Residence in the City of Baltimore,* About 1 year

*Place of Death,* {Give street and number.} 133 S. Stockton al —

*Cause of death,* First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) Asthenia —

*Duration of Last Sickness,* 3 or 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St cemetery

*Date of Burial,* July 13 1882

*Undertaker,* William Bunge

*Place of Business,* No 62 East St

C. C. McDowell M. D.,
Medical Attendant.

*Address,* 642 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58294

*Office of Registrar of Vital Statistics.* 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

*Date of Death,* July 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lerry Bell Anderson

*Sex,* ~~Male or Female~~, {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower.~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} # 626 West Lombard St

*Cause of Death,* First, (Primary.) Colera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Parkton State N.C. R.R.

*Date of Burial,* July 14 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St

O. J. Mahon M.D.,
Medical Attendant.

*Address,* 138 N. Exeter St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore, 18

**Permit No.** 58276 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

*Date of Death,* July 13-1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Feulner

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 52 *Years,* — *Months,* — *Days.*

~~*Color,*~~

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Factory-hand

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bavaria

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give street and number.} 109 Frederick ave

*Cause of death,* First, (Primary,) Pulmonary Phthisis

~~Second,~~ (Immediate,) Asthenia

*Duration of Last Sickness,* 6 mos about

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* July 14th

*Undertaker,* J. P. Paulus

*Place of Business,* No 66 Fredk Av.

C. C. McDowell M. D.,
Medical Attendant.

*Address,* 642 W. Fayette St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5829 6 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE.

*Date of Death,* July 12 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adriana Healy

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* 6 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Nicomico Co. Md

*Duration of Residence in the City of Baltimore,* 2 Years.

*Place of Death,* {Give street and number.} 46 E. Eager St

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 7 Hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Nicomico Co Md

*Date of Burial,*

*Undertaker,* H. Clarke & Sons

*Place of Business,* 92 E. Pratt St

Edwd. P. Smith M. D.,
Medical Attendant.

*Address,* 54 Aisquith

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 58297

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE.

*Date of Death,* July 13 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Karel Klima

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Bohemia

*Duration of Residence in the City of Baltimore,* one year

*Place of Death,* {Give street and number.} 17 adalt Alley

*Cause of Death,* First (Primary,) Involution

Second (Immediate,) Prostration

*Duration of Last Sickness,* a few days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 14 1882

*Undertaker,* Henry Hoeft

*Place of Business,* 304 Central ave

B. F. Grove M. D.
Medical Attendant.

*Address* 128 Chew St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 58298 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elsie Annie Bantham

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 8 S. Duncan Alley

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* A few week — Delicate Since birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* July 14

*Undertaker,* Thos. A. White

*Place of Business,* 35 Gilmor St

A. Van B. Lozier M. D.,
Medical Attendant.

*Address,* 253 Eastern Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 58299 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

*Date of Death,* July 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Riordan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Farmer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 5 Months

*Place of Death,* {Give street and Number.} 181 Fusor St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Dysentery 4 Days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Arnolis~~ Annapolis

*Date of Burial,* July 14th 1882

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Gay St

Jno Mc Kelvey Bentley M. D.
Medical Attendant.

Address,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Permit No. 58300 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand A. Mowyer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Saloon Keeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Europe

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 384 Harford Ave

*Cause of Death,* First, (Primary,) Chronic Ulcers of Legs

Second, (Immediate,) Exhaustion + Dysentery

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cemetery

*Date of Burial,* July 14th

*Undertaker,* Georg Schilling

*Place of Business,* *Address,* Cor. Eden + Biddle

E. B. Fenby M.D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58801 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 12 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lehr Lattemacer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 10 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} Marshall ave & Fountain St

*Cause of Death,* First, (Primary,) Diptheria

Second, (Immediate,) Diphtheritic Croup

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 14

*Undertaker,* B. Hartz

*Place of Business,* 82 West St.

Kendore Bode M. D., Medical Attendant.

*Address,* 146 Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 48302 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 9th. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } — Blake

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* — *Months,* — *Hours* *Days,*

*Color,* C.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } 129 Lombard St

*Duration of Residence in the City of Baltimore,* One Yr

*Place of Death,* { Give street and Number. }

*Cause of Death,* { First, (Primary,) Second, (Immediate,) Pneumonia Birth (2 mo)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* West Ow Lot Cemetery

*Date of Burial,* July 10 / 1882

*Undertaker,* Fred A Kochner

*Place of Business,* 150 S Carrollton Ave

Chas. F. Wolf M. D.,
Medical Attendant.

*Address,* 306 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

13

# Board of Health, City of Baltimore,

Permit No. 58303

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 10th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Reynolds

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* Five Hours *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number. } 170 Calvert st

*Cause of Death,* First, (Primary.) Premature Birth.

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* West Pubic Comty

*Date of Burial,* July 11/82

*Undertaker,* Fred A Kuehner

*Place of Business,* 500 Carrollton Ave

E. Meiehof, M.D.,
Medical Attendant.

*Address,* 427 W. Fayette st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58304

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Osbourn

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* 11 *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Infant

*Occupation,* "

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 11 Months

*Place of Death,* {Give street and number.} 31 Woodyear &c

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) "

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Western

*Date of Burial,* July 14

*Undertaker,* H. W. Blizzard

*Place of Business,* 198 Bryan

H. Christian M.D.,
Medical Attendant.

*Address,* 31 Fenwick

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58305 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa —

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 21 *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life —

*Place of Death,* {Give street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Convulsions —

*Duration of Last Sickness,* a few days —

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae —

*Date of Burial,* July 14th — 1882.

*Undertaker,* Pat Hunt

*Place of Business,* Fusion & Edmonds

R. H. Goldsmith M. D.,
Medical Attendant.

*Address,* Baltimore, Calhoun St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 0306

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

**Permit No.** 68306

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH REPORT JUL 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucetta L. Frazier

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* ____ *Years,* 1 *Months,* 22 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } S

*Occupation,* ____

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* 2 weeks

*Place of Death,* { Give street and number } 45 Hollins st

*Cause of Death,* First, (Primary,) Cardiac intestinal Infection

Second, (Immediate,) Brain irritation

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 14th 1882

*Undertaker,* J. Frank Coane

*Place of Business,* 6574 W. Balto st

J. Ja Abbott M. D.
Medical Attendant.

*Address,* 28 Gilmor st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 58307 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Harris

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* *Months,* *Days.*

*Color,* C d

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Harford Co,

*Duration of Residence in the City of Baltimore,* 10 yrs

*Place of Death,* {Give street and number.} 98 Orchard st

*Cause of death,* First, (Primary,) Labor

Second, (Immediate,) Probably Septicaemia I only saw her once a few days before death

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St burying

*Date of Burial,* July 14 1882

*Undertaker,* Ref Hemsley

*Place of Business,* 116 Orchard st

R. Winslow M. D.,

~~Medical Attendant~~.

*Address,* 2016 E. Biddle st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58308 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Crecentia Schugard

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 30 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} /

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Two months

*Place of Death,* {Give street and Number.} # 65 Lancaster St.

*Cause of Death,* First, (Primary,) Post Partem Haemorrhage

Second, (Immediate,) .....

*Duration of Last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* [illegible]

*Undertaker,* [illegible]

*Place of Business,* .....

John H. Rehberger M. D.,
Medical Attendant.

*Address,* # 743 Aliceanna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5830 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Tracy

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland - 34 years in U.S.

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and number.} 115 - Goodwin alley

*Cause of death,* First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of Last Sickness,* 18 mos

All the above information should be furnished by the Physician.

*Place of Burial,* St Pitts Cemetery

*Date of Burial,* July 14

*Undertaker,* B. Clark

*Place of Business,* 82 West St.

L. B. Gaeth M. D.,
Medical Attendant.

*Address,* Fort and Thames

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6

Permit No. 58310

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~to be filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Ackerman

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* 1 year & 2 mos.

*Place of Death,* {Give street and number.} Gay St. New Obrien †

*Cause of Death,* First, (Primary.) Chol. Infl.,

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Md. Carmel Cemetary

*Date of Burial,* July 14th 1882

Wm. H. Norris M.D.,
Medical Attendant.

*Undertaker,* Casper Eckhardt

*Place of Business,* 269 Canton Ave *Address,* 154 E. Balto. St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58311 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Loesch

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 17 N Bond St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* July 14th 1882

*Undertaker,* James O Byrne

*Place of Business,* No 63 N Front St

Edward Reynolds M. D.,
Medical Attendant.

*Address,* Calvert Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 58812 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 13 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Bauer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} male

*Age,* 3 *Years,* — *Months,* *Days.*

*Color,* wht

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 135 W. Biddle St.

*Cause of death,* First, (Primary,) abdominal tumor

Second, (Immediate,) convulsions

*Duration of Last Sickness,* 3 mo.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 14th 1882

*Undertaker,* C. Schl & Scriven

*Place of Business,* 271 N. Eutaw St

G Lane Tanyhill M. D., Medical Attendant.

*Address,* 129 W Biddle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 58313 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE

*Date of Death,* July 12 — 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Deinroth

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 6. *Months,* 2 *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 7 Clarkson St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 15th 1882

*Undertaker,* Julius Koehler

*Place of Business,* Main & Cross St *Address,* 170 S. Sharp St

Mrs Gamble M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58314 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 13. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wright

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 21. *Years,* 7 *Months,* 17 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* {Give street and Number.} 524 S Charles

*Cause of Death,* First, (Primary,) Rheumatism Exhaustion.

Second, (Immediate,) Pericarditis Pleurisy & Pleurisy

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Patterson ~~Cemetery~~

*Date of Burial* July 15

*Undertaker,* J D Cook

*Place of Business,* 707 W Pratt

Theodore Cook M. D.,
Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

10

# Board of Health, City of Baltimore,

Permit No. 58315

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly: If an Infant not named, give names of parents.} Benjamin D. Collier

*Sex,* ~~Male~~ or ~~Female,~~ {Cross out the word not required in this line.} Male

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

*Occupation,* Hostler

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Ceily

*Duration of Residence in the City of Baltimore* 25 yrs –

*Place of Death,* {Give street and number.} 110 N. Schroeder St

*Cause of Death,* First, (Primary.) Spinal Meningitis

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Wyatt Cemetery

*Date of Burial,* July 15

*Undertaker* J B Cook

*Place of Business,* 707 W Pratt Baltimore, *Address,* 467 N Fayette

L. L. Sitting M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5881/6 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Sawinski
Samins Ki

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* — *Months,* — *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Living life

*Place of Death,* {Give street and Number.} At Berths Wharf Toward

*Cause of Death,* First, (Primary,) 3 accidentally Drowned
Second, (Immediate,) 3

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 14th 82

*Undertaker,* G. Frazer

*Place of Business,* Bank & Wolf *Address,* 62 Eutaw

C. Mullhofer M. D.,
Coroner
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

20

# Board of Health, City of Baltimore,

Permit No. 58317

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Baby

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Two *Years,* 0 *Months,* 2 *Days.*

*Color,* Light brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Two years

*Place of Death,* {Give street and number.} No 5 Little Sharpe st

*Cause of Death,* First, (Primary.) Dyptheria

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Four Days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Sharpe St Cem

*Date of Burial,* July 14th 1882

*Undertaker,* Lewis & Son

*Place of Business,* 27 Druid Hill ave

F Brune *M.D.,*
**Medical Attendant.**

*Address,* Cor Dolphin & Rose

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58316 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia H. Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* 11 *Months,* 23 *Days,*

*Color,* White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* St. Jesus

*Place of Death,* {Give street and Number.} 244 William St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Old Oliver-

*Date of Burial,* July 14th 1882

*Undertaker,* Wm. J. Tietjen

*Place of Business,* 136 Camden St

Theodore Cook M. D.,
Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

3

# Board of Health, City of Baltimore,

Permit No. 58319

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Porter

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 2 weeks *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 2 Since birth

*Place of Death,* {Give street and number.} 94 S. Spring St.

*Cause of Death,* First, (Primary.) Convulsions

Second, (Immediate.)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Samuel Simmons

*Date of Burial,* July 14/1882

*Undertaker,* Charles Pitt

*Place of Business,* 35 Front St

C. L. Kinnemon M.D.,
Medical Attendant.

*Address,* 13 E. Pratt St.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

14

Permit No. 3·8320

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thurse Gilbert

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* {Give street and number.} 421 W. Fayette St.

*Cause of Death,* First, (Primary.) Paralysis

Second, (Immediate.)

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 14th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette St *Address,*

[illegible] *M.D.,*

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 18321 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 13 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Wiseman

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* *Months,* *Days.*

*Color,* W

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* No

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 203 Wolf Str

*Cause of death,* First, (Primary.) Disease of

Second, (Immediate,) Heart, dropsy Effusion

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 16, 1882

*Undertaker,* Henry Hastle

*Place of Business,* 309 Central ave *Address,* 23 Franklin

I H Hectleson *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

11

# Board of Health, City of Baltimore,

**Permit No.** 58322

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 14 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Judson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* Black *Sex,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Stable-hand

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and number.} Sullivan's Stables rear of Mt Vernon place

*Cause of Death,* First (Primary,) Drinking ice water, heavy work

Second (Immediate,) 48 hours

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E Balto P Cemetery

*Date of Burial,* July 14

*Undertaker,* W Coleman

*Place of Business,* City Hall

F G Connolly M. D.
Medical Attendant.

*Address* Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 18823 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 11

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Sims

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 1 *Months,* 2 *Days,*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 15 Norris alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) asthenia

*Duration of Last Sickness,*

At the above information should be furnished by the Physician.

*Place of Burial,* W Pub Cem

*Date of Burial,* July 14

*Undertaker,* Fitz Kerchner

*Place of Business,*

Geo. W. Simms M. D.,

~~Medical Attendant.~~

*Address,* 1 Cen. Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58324 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Leubz

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 14 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifelong

*Place of Death,* {Give street and Number.} No 43 N Hazelle Av

*Cause of Death,* First, (Primary,) Gastro Enteritis

Second, (Immediate,) .....

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* July 15th 1882

*Undertaker,* Jno N M Floyd & Co

*Place of Business,* 1226 Hazelle *Address,* 238 N Broadway

Wm. L. Russell M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 58323 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Hilmer

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 11 *Months,* — *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 1 year 2 mos.

*Place of Death,* {Give street and Number.} N. W. Cor. Canton ave & Bond St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Concussion of brain, from fall.

*Duration of Last Sickness,* 1 week.

All the above information should be furnished by the Physician.

*Place of Burial* Greenmount Cem.

*Date of Burial,* July 14 1882

*Undertaker,* H. Sander & Son

*Place of Business,* 2[illegible] Canton Av

A. F. Eisel, M. D.,
Medical Attendant.

*Address,* 95 East Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 48526 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July th 14th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} infant Brown

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* one *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 138 Hanover St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Spasm trismus

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St cemetery

*Date of Burial,* July th 14th

*Undertaker,* Mr Perkins

*Place of Business,*

Geo. W. Dorsey M. D.,
Medical Attendant.

*Address,* Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58327 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 13th July 1882 9 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Mitchell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 4 months

*Place of Death,* {Give street and number.} No 44 Parrish Al

*Cause of death,* First, (Primary,) Marasmus

Second, (Immediate,) .....

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Harper St Cemetery

*Date of Burial,* July 15 1882

*Undertaker,* Wilson Monroe

*Place of Business,* No 62 East St

Wm Jackson Evans M. D.,

Medical Attendant.

*Address,* 149 N. Fulton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58828 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1882 (Friday)

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Brown

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 5 *Months,* 18 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 241 E. Eager St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Inanition

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial.* July 15, 1882

*Undertaker,* Henry Hoch

*Place of Business,* 109 Central Ave

S W Seldon M. D., Medical Attendant.

*Address,* Cor Caroline & Eager Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 15 Board of Health, City of Baltimore,

*Permit No.* 58329

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Henry Mc Kenney

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* ____ *Years,* Eleven *Months,* Eight *Days.*

*Color,* black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~

*Occupation,* ~~Student~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth—

*Place of Death,* {Give street and number} No 182 Hughes st—

*Cause of Death,* First, (Primary) ____

Second, (Immediate,) Cholera infantum

*Duration of last Sickness,* three days—

All the above information should be furnished by the Physician.

*Place of Burial,* New Southwark Cemetery

*Date of Burial,* July 15th 1882

*Undertaker,* R. H. Lewis

*Place of Business,* 108 E. St

W. E. Sandrock M. D.
Medical Attendant.

*Address,* 227 Hanover st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

# Board of Health, City of Baltimore,

Permit No. 58320 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Holtzman

*Sex, Male ~~or~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 6 *Days.*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 20 Hanover

*Cause of death,* First, (Primary,)

Second, (Immediate,) Trismus Nascentium

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial;* Mt Carmel Cemetery

*Date of Burial,* 15 of July 1892

*Undertaker,* Henry Hofmann

*Place of Business,* 614 East st.

R. Guy Power M. D.,
Medical Attendant.

*Address,* 121 E Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 18331 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Lawson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years,~~ 8 *Months,* 14 *Days,*

*Color,* Mulatto

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} No 254 Pond st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* July 15th 1882.

*Undertaker,* Leonhard Keerr

*Place of Business,* 227 E. Baltimore St.

Thomas R. Evans M. D.
Medical Attendant.

Address, 92 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.**

# 13/3 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUL 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 13th July 1882 at ½ oclock P. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie R. Yoe

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Child

*Occupation,* Child

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 23 Parkin & Street

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} 23 Parkin St

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) Cholera Infantum

*Duration of last Sickness,* 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* July 15 1882 C. A. Richardson *M. D.*

Medical Attendant.

*Undertaker,* C. B. Cook

*Place of Business,* 709 W Balto St *Address,* Lombard & Fremont Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58833 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 14. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph J Burch

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 6 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 118 S Sollers ct

*Cause of Death,* First, (Primary,) Acute Cerebral Congestion

Second, (Immediate,) .....

*Duration of Last Sickness,* 10 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 15 1882

*Undertaker,* Joseph B Cook

*Place of Business,* 707 West Baltimore

James J Bosley M. D., Medical Attendant.

*Address,* Physician

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5-8834 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Austin

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* —— *Years,* —— *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. —

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} S. Washington R

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 16' 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St. *Address,* 168 N Pine

Wm S Blake M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

Permit No. 5-8865

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Washington

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* 6 *Months,* 2 *Days.*

*Color,* Dark brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* one year & 2 months

*Place of Death,* {Give street and number.} No 10 Divine st

*Cause of Death,* First, (Primary.) Unknown

Second, (Immediate.) Spinal Meningitis

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 15

*Undertaker,* J E Hough.

*Place of Business,*

D F Bother M.D.,

Medical Attendant.

*Address,* Cor Druid & Pine

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

7

# Board of Health, City of Baltimore,

Permit No. 58826

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel C. Bailey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* Black

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Seaman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give street and number.} St Josephs Hospital

*Cause of Death,* First, (Primary.) Typhoid Disease Bd Sore

Second, (Immediate.) Bed Sore & Exhaustion

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 15 1882

*Undertaker,* William M Dangel

*Place of Business,* 22 East St

S. V. G. Hoffman M.D.,
Medical Attendant.

*Address,* St Josephs Hospital

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## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58337 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Felix McNally

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 41 *Years,* —— *Months,* —— *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.} ——

*Occupation,* Stone Mason

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 26 Years

*Place of Death,* {Give street and Number.} ~~Co~~ ~~Madison & Caroline Sts~~ Southern Run Limestone Quarry

*Cause of Death,* First, (Primary,) Run over by Car

Second, (Immediate,) Accident

*Duration of Last Sickness,* 15 Minutes

All the above information should be furnished by the Physician.

*Place of Burial* Aug 16 1882

*Date of Burial,* Holy Cross Cemetery

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Front st

Silas N Hunter M. D.,
Medical Attendant.

*Address,* 31 Broadway

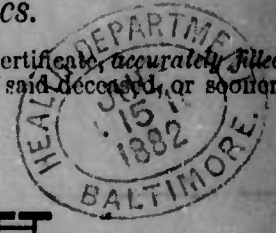
***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Permit No. 10 58338

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*




The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 13. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Henry Green

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* 14 *Days.*

*Color,* Blk.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* till death

*Place of Death,* {Give street and number.} 6 Mulberry St.

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July

*Undertaker,* ~~C. Ortmann~~

*Place of Business,* S. W Chase

Herbert Harlan M.D.,
Medical Attendant.

*Address,* Balto Co Dep

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

# Board of Health, City of Baltimore,

Permit No. 58339

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas E Clifford

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 2 *Months,* 19 *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Natives

*Duration of Residence in the City of Baltimore,* 75 Oxford St

*Place of Death,* {Give street and number.}

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate.) Spasms

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Thorpe St Cemetery

*Date of Burial,* July 16 1882

*Undertaker,* Alex Hemsley

*Place of Business* 116 Orchard & 20

W H Austin M.D.,
Medical Attendant.

*Address,* 172 Park St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5-8340

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Clifford

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8 *Months,* 17 *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* Never

*Place of Death,* {Give street and number.} 75 Oxford St

*Cause of Death,* First, (Primary.) Teething

Second, (Immediate.) Cholera infantum

*Duration of Last Sickness,* a short time

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 16 1882

*Undertaker,* Alf Hunsley

*Place of Business,* 116 Orchard St

W H Atkinson M.D.,
Medical Attendant.

*Address,* 172 Franklin St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1 8341

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

14 58341

*Permit No.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Smith

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* ——— *Years,* 7 *Months,* 11 *Days.*

*Color,* White

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 415 Mchenry st

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number} 415 Mchenry

*Cause of Death,* First, (Primary.) Malarial fever

Second, (Immediate,) Exhaustion & debility

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Co

*Date of Burial,* July 16

*Undertaker,* W S Smith

*Place of Business,* ———

Wm A Jarvis *M. D.*
Medical Attendant.

*Address,* 326 Hallis Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore, 5

Permit No. 58342 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 14

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Tillman

*Sex, Male or Female,* { Cross out the word not required in this line. } female

*Age,* 47 *Years,* — *Months,* — *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower.* { Cross out the word not required in this line. } Widow

*Occupation,* Laundress

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* { Give street and Number. } 17 High st.

*Cause of Death,* { First, (Primary.) Phthisis Pulmonalis / Second, (Immediate.) asthenia

*Duration of Last Sickness,* grows —

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* July 16 1882

*Undertaker,* Charles A. White

*Place of Business,* 35 Granby st

D. Sheets, M. D.,
Medical Attendant.

*Address,* 1432 E Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 5-8843 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 14, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Wells

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* Six *Months.* ..... *Days.*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} No. 219 Chew Street

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* Eight Days

All the above information should be furnished by the Physician.

*Place of Burial,* Bethel Cemetery

*Date of Burial,* July 16 1882

*Undertaker,* John W Jackson

*Place of Business,* Cor of Gay & Lloyd Sts

Wm H Clendinen M. D.,
Medical Attendant.

*Address,* No. 102 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58344 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Friday July 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Flaherty

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* Caucasian

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number.} #74 Amity st.

*Cause of death,* First, (Primary,) Dentition

Second, (Immediate,) Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* July 15th 1882

*Undertaker,* J. Whitelow Cadogan

*Place of Business,* 227 Mulberry st. *Address,* 501 W. Fayette st.

Dennis Alfred M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58345 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Elsie Coath

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 7 *Months,* 17 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 177 Conway

*Cause of death,* First, (Primary,) Whooping Cough

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* 8 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* 15th July

*Undertaker,* H. Saunders

*Place of Business,* 252 Eastern Ave

A. K. Gurney M. D.,
Medical Attendant.

*Address,* 76 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

B[illegible] of [illegible] Body to its Destination. [illegible]more,

Permit No. 58416 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1902 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1902

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julianna Burhardt

Burnhardt

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* —— *Months,* —— *Days.*

*Color,* Wh

*~~Married,~~ Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md —

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 235 E Lombard St

*Cause of death,* First, (Primary,) Croup

Second, (Immediate,) Apnoea

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* July 16 1902

*Undertaker,* Henry Sander & Son

*Place of Business,* 252 Canton Ave *Address,* 57 N Broadway

C B Dixon M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 2222 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday July 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ellen Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 61 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 Years.

*Place of Death,* {Give street and number.} N. E. Cor of Wolf & Chas Sts.

*Cause of death,* First, (Primary,) Cancer of Omentum & Liver

Second, (Immediate,) Chronic Peritonitis with Exhaustion

*Duration of Last Sickness,* 6 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* July 17 1882.

*Undertaker,* M. A. Gaiger.

*Place of Business,* 74 S. Bdwy. *Address,*

Wilmer Fenton M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ... to this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5'8348 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 15 1882 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jerusha Dough

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* ... *Months,* ... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Over 1 year

*Place of Death,* {Give street and Number.} 16 S. Charles St.

*Cause of Death,* First, (Primary,) Apoplexy

Second, (Immediate,) Hemorrhage

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Texas, Balto. Co.

*Date of Burial,* July. 16th 1882.

*Undertaker,* M. A. Dauger.

*Place of Business,* 74. S. Bdwy. *Address,*

J. Wyatt ... *M. D.,*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-8349 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret J Glenn

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 99 Columbia St city

*Cause of death,* First, (Primary,) Pulmonary consumption

Second, (Immediate,)

*Duration of Last Sickness,* 12 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* July 17th 1882

*Undertaker,* John Thacker

*Place of Business,* No 150 Camden

J A Carey M. D.,
Medical Attendant.

*Address,* 76 State St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5-8350 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 15
1882
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 14, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Childers

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* — *Months,* — *Days,*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ga

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and Number.} 16 Heath St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Epithelioma of the face

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Harford County

*Date of Burial,* July 16

*Undertaker,* Bernard Hoen

*Place of Business,* 82 West St.

Edward Cook M. D.,
Medical Attendant.

*Address,* 146 Saratoga St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No. 58357 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida V. Creighton

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 7 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} No 21 Ohio Ave.

*Cause of death,* First, (Primary,) Primus Ascendens

Second, (Immediate,) .....

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 16

*Undertaker,* J Koehler

*Place of Business,* .....

A. C. Burch *M. D.,*
Medical Attendant.

*Address,* 15 W Hamburg St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 58852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice M. Billingsley

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* Thirty Seven *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md.

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give street and number} 18 N. Mount-

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* about three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemy

*Date of Burial,* 15 July 1882

Thos R Quinan M. D.
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 560 W. Fayette St

*Address,* 71 N. Gilmor Balt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 58353 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Pierpont Burnett

*Sex, Male or Female,* {Cross out the word not required to this line.} Female

*Age,* ..... *Years,* 6 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X X X

*Occupation,* X X X

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 1121 E Pratt St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Eclampsia

*Duration of Last Sickness,* Several Days

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park Cemetery

*Date of Burial,* July 17th 1882 James E Dorsett, M. D.,

*Undertaker,* Denny & Mitchell Medical Attendant.

*Place of Business,* 350 W Fayette St *Address,* 299 E Balt St

***Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

15

# Board of Health, City of Baltimore,

Permit No. 5835-A

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Campbell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* — *Months,* — *Days.*

*Color,* Col

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~.* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give street and number.} 132 York St-

*Cause of Death,* First, (Primary.) Syncope. Pot

Second, (Immediate.)

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* W Pub Cem

*Date of Burial,* July 15

*Undertaker,* F A Kirchner

*Place of Business,*

Geo. W. Dandridge M.D.,

~~Medical Attendant.~~

*Address,* Bd of Health

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown Inspector

...Special Attention ... ...k of this Certificate.

...ts Destina...

# Board of Health, ...ty of Baltimore,

Permit No. 38555 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MD. 1932

## CERTIFICATE OF DEATH.

*Date of Death,* 15 July 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barnett Bond

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 80 *Years,* *Months,* *Days,*

*Color,*

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Americique

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } Asylum of the Little Sisters of the Poor Cor. John and Valley Streets

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Paralytic attack

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial* Holy Cross Cimetary

*Date of Burial.* July 16th 1882

Wm. H. Doyle M. D.,
Medical Attendant.

*Undertaker,* Henry Schellhaus

*Place of Business,* *Address,*

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5

# Board of Health, City of Baltimore.

3838

*Permit No.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 7mo 14 th da 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline A. F. Herkenheim

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 10 *Months,* 12 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 145 N Central Ave

*Cause of Death,* First (Primary,) Malarial fever

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem.

*Date of Burial,* July 16. 1882

*Undertaker,* Wm. Lee Hickman

*Place of Business,* 2345 E. Balto

Irving Miller M. D.
Medical Attendant.

*Address* 179 E. Monument St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Not~~ Bettie Janowitch

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* ~~Not~~ *Years,* *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X

*Occupation,* X

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give street and number} S.W Cor Balto & Exeter Sts

*Cause of Death* { First, (Primary,) I don't know. There was no Physician in attendance
Second, (Immediate,)

*Duration of last Sickness,* two days

All the above information should be furnished by the Physician.

This was a child of a Russian refugee, neighbors and undertaker said no physician

*Place of Burial,* Oheb Scholem Cemetery

*Date of Burial,* 16th July

*Undertaker,* Hyes Whilden

*Place of Business,* No 43 S Eight St

A Freedenwald M. D.
Medical Attendant.

*Address,* 84 N Exeter Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[6Vkn.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1892 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unnamed Morris Lichtman

*Sex, Male or Female,* {cross out the word not required in this line.} male (Father

*Age,* x *Years,* x *Months,* three *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} x

*Occupation,* x

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give street and number} S W Cor Balto & Exeter Sts

*Cause of Death* { First, (Primary,) I don't know, there was no Physician in attendance
Second, (Immediate,)

*Duration of last Sickness,* one day

All the above information should be furnished by the Physician.

this was a child of a Russian refugee family and was known by the neighbors, had no physician

*Place of Burial,* Oheb Schalem Cemetery

*Date of Burial,* 16th July

*Undertaker,* Myers Mühlfelder

*Place of Business,* No 43 S High St

A Friedenwald M. D.
Medical Attendant.

*Address,* 8 N Calvert Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully ... of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58359 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED JUL 16 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Roesch

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 8 *Months,* 2 8 *Days,*

*Color,* White

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 384 N. Charles St. ✓

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Marasmus.

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 17

*Undertaker,* B. F. Keech

*Place of Business,* 82 West St.

Wm Gombel M. D.,
Medical Attendant.

Address, 170 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58360 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Shuii

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 19 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 41 Abeys alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* July 16

*Undertaker,* B. Hark.

*Place of Business,* 82 West st

Theodore Cole M. D., Medical Attendant.

*Address,* 146 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ... of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58361 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JUL 16 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Luv. Eckert

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 4 *Months,* ~~~ *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 185 west St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* about 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem'y

*Date of Burial,* July 16th 1882

*Undertaker,* B. Hale

*Place of Business,* 185 West St *Address,*

M. D.,

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention ... of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 38362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} A. M. Smith

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Store-keeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Head of Buchanan's Wharf

*Cause of Death,* {First (Primary,) Drowned

{Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E. Bello Pomikey

*Date of Burial,* July 15th

{*Undertaker,* Jh Coleman

{*Place of Business,* City Hall

J. G. Connor M. D.
Medical Attendant

*Address* Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Spec… …Back of this Certificate

# Board of Health, City of Baltimore,

Permit No. 58363 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shannon

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.} Female

*Age,* —— *Years,* 3 *Months,* 7 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and Number.} 171 Mulberry st

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* July 16th, 1882

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Mulberry st

Jas E Gibbons M. D., Medical Attendant.

*Address,* 47 Edmondson Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Accompanying the List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58364 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Champlain

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 93 *Years,* 11 *Months,* 12 *Days,*

*Color,* White

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and Number.} 9w 462 E. Chase St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Old Age

*Duration of Last Sickness,* ——

All the above information should be furnished by the Physician.

*Place of Burial,* Bolt Cemetery

*Date of Burial,* July 17th 1882

Pembroke Wm. Wrublee M. D., Medical Attendant.

*Undertaker,* Jno M McCoy

*Place of Business,* 429 N Gay St *Address,* 205 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully [illegible] on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58365 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 16/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hadwick Ruyle

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 252 N Eden N

*Cause of death,* First, (Primary,) Marasmus

Second, (Immediate,) ~~weakly from b~~

*Duration of Last Sickness,* weakly from birth

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 17 '1882

*Undertaker,* H Hoeck

*Place of Business,* N Central av

J. H. Warner M. D.,
Medical Attendant.

*Address,* 252 N Eden N

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physic... ...all Cases, Accompany ... ...ck of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58366 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilla Stanley

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* not known about 70 *Years,* *Months,* *Days.*

*Color,* colored

*Married,* ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Cambridge Md.

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and number.} 52 Stockholm St.

*Cause of death,* First, (Primary,) ...

Second, (Immediate,) Cholera Morbus

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 16

*Undertaker,* Ross

*Place of Business,* 95 Lombard St

L. M. Hall M. D.,
Medical Attendant.

*Address,* 262 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible] Accompany the [illegible] Book of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 18367 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15 — 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hortense E. Stevenson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~*Years,*~~ ~~*Months,*~~ 19 *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 86 N. Gilmor St

*Duration of Residence in the City of Baltimore,* 19 ds —

*Place of Death,* {Give street and number.} 86 N. Gilmor —

*Cause of death,* First, (Primary,) Exhaustion birth (two & one-half mos)

Second, (Immediate,) Exhaustion (non-assimilation of food)

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 17. 1882

*Undertaker,* Thos. S. Hughes

*Place of Business,* 60 E Baltimore St

C. C. McDowell M. D.,
Medical Attendant.

*Address,* 642 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible] Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58368 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 14 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Jno W. & Josephine Brown

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* —— ~~*Years*~~, —— ~~*Months*~~, half hour ~~*Days.*~~

*Color,* Col'd

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 127 Vine St

*Duration of Residence in the City of Baltimore,* — half hour

*Place of Death,* {Give street and number.} 127 Vine St

*Cause of death,* First, (Primary,) Premature birth

Second, (Immediate,) (about 8 mos)

*Duration of Last Sickness,*

**All the above information should be furnished by the Physician.**

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 16th 1882

*Undertaker,* Sam'l D. Chase

*Place of Business,* 178 S. Howard St

C C McDowell M. D.,
Medical Attendant.

*Address,* 642 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respec... ...sack of this Cer...

# Board of Health, City of Baltimore,

Permit No. 58369 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary M C. Watkins

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 19 *Years,* ——— *Months,* ——— *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* ———

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } New Bedford Mass

*Duration of Residence in the City of Baltimore,* One year

*Place of Death,* { Give street and Number. } 102 Wayne

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Pulmonary Haemorrhage

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Bluff St. Cemetery

*Date of Burial,* July 16th 1882

*Undertaker,* Barth. M. Shaw

*Place of Business,* 195 S. Howard St. *Address,* 168 S. Pacca

Jno. D. Blake M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully ... Accompany it.

# Board of Health, City of Baltimore,

Permit No. 58370

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Weeks

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* 2 Mo

*Place of Death,* {Give street and number.} 53 Perry St

*Cause of Death,* First, (Primary.) Cholera Infantum follows 4 days Duration

Second, (Immediate.) Inanition

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Wash. & Hamilton

*Date of Burial,* July 16th 1882

*Undertaker,* Sam'l M. Shaw

*Place of Business,* 198 E. Howard St

H. O. Weaver M.D.,
Medical Attendant.

*Address,* 161 W. Lanvale St.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 38371

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 16 17 1882 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* 15th July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah F. Kirby

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 340 Franklin St

*Cause of Death,* First, (Primary.) Dementia

Second, (Immediate.) Diarhoea

*Duration of Last Sickness,* Ten years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 17 1882

*Undertaker,* Andrews & Hodges

*Place of Business,* 416 Broadway

H. W. Ames M.D.,

Medical Attendant.

*Address,* 48 McCulloh St.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

# Board of Health, City of Baltimore,

Permit No. 5887½ *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 17 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur B. Gardner

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 16 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and Number.} 115 S. Wolfe St.

*Cause of Death,* First, (Primary,) Diarrhoea

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem.

*Date of Burial,* July 17th '82

*Undertaker,* G. Francis

*Place of Business,* Bank & Wolfe *Address,* 433 E. Balto. St.

E. P. Burns M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians ... Accompr ... of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58373 *Office of Registrar of Vital Statistics.* Ward 4 F

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hartmeyer

*Sex.* Male ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* ... *Years,* 5 *Months,* ... *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 17 days

*Place of Death,* {Give street and Number.} Northumberland

*Cause of Death,* First, (Primary,) Cholera infantum

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* County Farm

*Date of Burial,* July 16 1882

*Undertaker,* H. Gander & Son

*Place of Business,* 202 Canton Ave

M. D.,

Medical Attendant.

Address, 195 Northumberland

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians ... In all Cases Accor... es on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58874 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles W. L. Limberg

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } Male

*Age,* 2 ~~3~~ 5 *Years,* 8 *Months,* *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Boy

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 170 Hamburg St

*Cause of Death,* First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 Months F. Crooks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 17th 1882

*Undertaker,* C. F. Krause

*Place of Business,* ..... *Address,* 169 Hamburg St

J. K. Welty M.D., M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians [illegible] all Cases. Accompany the [illegible] Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58375 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marian Allison

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* X *Years,* 6 *Months,* 4 *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 108 N. Broadway

*Cause of Death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,)

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 18th

*Undertaker,* Geo Schilling

*Place of Business,*

H. T. Reynolds M. D., Medical Attendant.

*Address,* 816 Wagner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Phys... for Burials, to the ... of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58376 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 16/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } D. H. Barnes

*Sex,* Male ~~or Female~~, { Cross out the word not required in this line. }

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,* Seaman

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } St. Marys Co. Md.

*Duration of Residence in the City of Baltimore,* 6 yrs.

*Place of Death,* { Give street and Number. } 85 O. Bethel St.

*Cause of Death,* First, (Primary,) Smallpox

Second, (Immediate,)

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Locust Cemetery

*Date of Burial* July 17 1882

R. W. Mansfield *M. D.,*

Medical Attendant.

*Undertaker,* William Deegan

*Place of Business,* No 62 E. Fayette *Address,* 117 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58877 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Schmidt

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* 7 *Months,* 18 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 252 Hanover

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* July 17 1882, Andrew Boyle M. D.,

Medical Attendant.

*Undertaker,* Philipp S. Dill

*Place of Business,* 183 Columbia Ave. *Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully ... marks Below, and to List ... on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58378 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Monday July 17th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. Dunbar

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 10 *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 171 Harford Ave

*Cause of death,* First, (Primary,) Dentition with Diarrhea

Second, (Immediate,) High Fever and Cerebral Congestion

*Duration of Last Sickness,* Few days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. James B. Ground

*Date of Burial,* July 18/82

*Undertaker,* J. Hosch Linn

*Place of Business,* Central ave City

Wilmer Brinton M. D.
Medical Attendant.

*Address,* 25 ½ Gruman Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

No. 58379

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 8 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1882 BALTIMORE

*Permit No.* 58379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Hanna Klein

*Sex,* ~~Male~~, Female, {cross out the word not required in this line.}

*Age,* 9 Months, — Days. Years,

*Color,* White

*Married, Single,* Widow or ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Kent, England

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give street and number} 21 John St.

*Cause of Death,* First, (Primary.) Infantile decay

Second, (Immediate.) —

*Duration of last Sickness,* About six months

All the above information should be furnished by the Physician.

*Place of Burial,* Norfolk Va

*Date of Burial,* July 18. 1882

Christopher D Hutton M. D.
Medical Attendant.

*Undertaker,* H. J. Enkin Son

*Place of Business,* 95 S. Charles

Address No. 12 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully ... Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5-8380 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 4:30 P.M. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Jane Lee

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* 9 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X X X

*Occupation,* X X X

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 156 S. Sprigg

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) ...

*Duration of Last Sickness,* About one week

All the above information should be furnished by the Physician.

*Place of Burial,* Bolton Cemetery Co.

*Date of Burial,* 18 of July.

*Undertaker* H. Landers & Son

*Place of Business,* 282 Canton Ave

James C. Trimble M.D., Medical Attendant.

*Address,* 219 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...to the Office whence ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to ... of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58381 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Belle West

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ~~Dont Know~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Dont Know "

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give street and number.} Johns Hopkins Asylum

*Cause of death,* First, (Primary,) Measles

Second, (Immediate,) Capillary Bronchitis

*Duration of Last Sickness,* about 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 17th 1882

*Undertaker,* Andrews & Rodgers

*Place of Business,* 406 Druid Hill Ave

T. Winslow M. D.,
Medical Attendant.

Address, 201 W. Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Dise[illegible] Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5-8882 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Lowe

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Hostler

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give street and Number.} 6 Hawk St

*Cause of Death,* First, (Primary,) Asthma Ulcer of Leg - Erysipelas,

Second, (Immediate,) Shock from Pathinpsy Cordis, & Pneumonia -

*Duration of Last Sickness,* 2 days

All the above Information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* July 17 1882

Geo B. Reynolds M. D., Medical Attendant

{*Undertaker,* Jos Gross

*Place of Business,* 63 Hanover St} *Address,* Corner Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5'8383 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Henson

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* Thirty-three *Years,* ——— *Months,* ——— *Days.*

*Color,* Brown

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Co.

*Duration of Residence in the City of Baltimore,* Eighteen years

*Place of Death,* {Give street and number.} No. 58 Orchard St.

*Cause of death,* First, (Primary,) Typhoid fever

Second, (Immediate,)

*Duration of Last Sickness,* Three weeks

All the above information should be furnished to the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* July 17 1882

*Undertaker,* C. Chase

*Place of Business,* 198 S Howard St

Dr. W. B. Griffith M. D., Medical Attendant.

*Address,* 160 Madison St. Ner 7th

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

14

Permit No. 58384

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dacy Ann Stirkley

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Domestic

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Severn, Maryland 50 yrs

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 219 Vine St

*Cause of Death,* First, (Primary.) Hernia Strangulated

Second, (Immediate.) Gangrene of Bowell

*Duration of Last Sickness,* 12 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* July 17th 82

*Undertaker,* Edward H. Crane

*Place of Business,* 91 S. Howard St

Jno. O. Blake M.D.,
Medical Attendant.

*Address,* 168 W. Pratt St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {OVER.}

Board of Health, City of Baltimore,

Permit No. 58385 *Office of Registrar of Vital Statistics.* Ward X3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 16 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed. G. Stinson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Steamboat Captain

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Cecil Co Md

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and Number.} 39 W Lombard

*Cause of Death,* First, (Primary,) Diarrhoea

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial.* Baltimore

*Date of Burial.* July 17

*Undertaker,* Jos H B Cook

*Place of Business,* 707 W. Balto St

D. L Steuart M. D.
Medical Attendant.

*Address* 38 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

# Board of Health, City of Baltimore,

Permit No. 8386 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

1 *Date of Death,* July 16th 1882

2 *Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Sommerick

3 *Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

4 *Age,* 22 *Years,* — *Months,* — *Days,*

5 *Color,* Black

6 *~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

7 *Occupation,* House servant

8 *Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

9 *Duration of Residence in the City of Baltimore,* during life

10 *Place of Death,* {Give street and Number.} 3 Cross Alley

11 *Cause of Death,* First, (Primary,) Tubercular Tumor of Brain (under treatment on account of sight)

12 Second, (Immediate,) in a Spasm

13 *Duration of Last Sickness,* since last Summer

All the above information should be furnished by the Physician.

14 *Place of Burial,* Laurel Cemetery

15 *Date of Burial,* July 17th 1882

16 *Undertaker,* Wm H Bishop

17 *Place of Business,* 9 & 11 N Howard St

Samil L Frank M. D.,
Medical Attendant.

18 *Address,* 7 W. Charles St. 19

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 38387.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

**Permit No.** 38387

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 16 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Spieker

*Sex, ~~Male or Female,~~* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 3 *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md,

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 75 N. Fremont st.

*Cause of Death,* First, (Primary,) Dentition & Enteric Colitis

Second, (Immediate,) Hydrocephaloid

*Duration of last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lauden Park

*Date of Burial,* July 17

*Undertaker,* Andrew Rohde

*Place of Business,* 104 & Lima Ave

H. B. Fettinhoff *M. D.*
Medical Attendant.

*Address,* 205 N. Biddle st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] & CO., CITY PRINTERS AND STATIONERS.

12

# Board of Health, City of Baltimore,

Permit No. 58388

*Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 15

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Ford

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 55 *Years,* *Months,* *Days.*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 24 Bolton St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Paralysis

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 17

*Undertaker,* L W Chase

*Place of Business,*

Geo. N. Gibson M.D.,

~~Medical Attendant.~~

*Address,* Bd. of Health

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-8389 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis J. Suttle

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* — *Years,* — *Months,* 3 weeks *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 28 Rock

*Cause of Death,* First, (Primary,) Intestinal Catarrh

Second, (Immediate,)

*Duration of Last Sickness,* Sick since birth

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* July 17th 1882

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N. Fremont

Edw. F. Muehlhaus M. D., Medical Attendant.

*Address,* 283, W. Lombard

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58390

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE.

## CERTIFICATE OF DEATH

*Date of Death,* July 16. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara L. Bunn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 3. *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 291. William

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* July 18=1882

*Undertaker,* Geo Keech

*Place of Business,* 52 West St

Henry Cole M.D.,
Medical Attendant.

*Address,* 146 Hanover

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58391 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alonza Jenkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 2 *Months,* 5 *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 31 East

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Spasms

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial.* July 18

*Undertaker,* W. N. Dunfee

*Place of Business,*

Geo. H. Benson M. D.,

~~Medical Attendant.~~

*Address* Comm. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Henry H. McKeever

17

Permit No. 58392

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 17 1892 BALTIMORE.

## CERTIFICATE OF DEATH

*Date of Death,* July 16th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton B. Norfolk

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 45 Hastings street

*Cause of Death,* First, (Primary.) Bilious Fever

Second, (Immediate.) Congestive Chills

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* June 19 1892

*Undertaker,* John Keneavy

*Place of Business,* 382 Orleans St

Ch. T. Carter M.D.,
Medical Attendant.

*Address,* 313 Eight

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 18393 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 17th. July 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johann Dotterweich

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

*Occupation,* ~~—~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During lifetime

*Place of Death,* {Give street and number.} N. Wolfe St. 76

*Cause of death,* First, (Primary,) Dentitio

Second, (Immediate,) Diarrhoea

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 18th 82

*Undertaker,* G. Frazer

*Place of Business,* Bank & Wolfe St *Address,* S. Wolfe St. 17

William Jenkel M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58894 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 16

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Mack.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 1 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 2365 Durham St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Spasms

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Lourel

*Date of Burial,* July 17

*Undertaker,* G. France

*Place of Business,*

Geo. W. Simms M. D.,
Medical Attendant.

Address, 2m of Heath

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

John E Dunning

The Special Attention of Physicians is respectfully invited to the statements [illegible] of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5-8395 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mack

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* [illegible] *Years,* [illegible] *Months,* [illegible] *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} [illegible]

*Occupation,* [illegible]

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} [illegible]

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* {Give street and Number.} [illegible]

*Cause of Death,* First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

*Duration of Last Sickness,* [illegible]

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* July 27

*Undertaker,* Wm Gill Dyde

*Place of Business,* 5 Bowley's *Address,* [illegible]

[illegible] *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 38396 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 16 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Lewis

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 23 Months, Days,

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Res 47 Thames St

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore City

*Date of Burial,* 18 July

*Undertaker,* W Dippel

*Place of Business,* 151 Bond

Dr. Elliott M. D.,
Medical Attendant.

*Address,* 44 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

1

# Board of Health, City of Baltimore,

Permit No. 58397

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. JUL 12 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15th, 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Henry Rose

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 1 *Years,* — *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* none

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Bates Co Mo — Since birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 329 Hudson St

*Cause of Death,* First, (Primary.) Malaria

Second, (Immediate.)

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Lawn,

*Date of Burial,* July

*Undertaker,* H. L. Sanders & Son

*Place of Business,* 252 Canton Ave *Address,* 3 E Eutaw St

E. I. H. Chinn M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully ... to all Cases, Accompany the ... Diseases on Back of this Certificate.

...ation.

# Board of Health, City of Baltimore,

Permit No. 8378 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon Fertig

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* one *Years,* 3 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ / Single

*Occupation,* ~~—~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Russia

*Duration of Residence in the City of Baltimore,* four years

*Place of Death,* {Give street and number.} No 12 E. Lombard

*Cause of death,* First, (Primary,) ...

Second, (Immediate,) Cholera infantum

*Duration of Last Sickness,* a few days

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom

*Date of Burial,* July 18th

*Undertaker,* Wm Eilau

*Place of Business,* 101 Gough St

L Obermeier M. D.,
Medical Attendant.

*Address,* 12 S. Eden

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 8399

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

**Permit No.** 58399

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1892 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Maria Williams

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ——— *Years,* 8 *Months,* ——— *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Elling Alley North of Wilson

*Cause of Death* { First, (Primary,) Cholera Infantum
Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 5 or 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 17

*Undertaker,* [illegible]

*Place of Business,* 178 Penn

Frank J Flannery M. D.
Medical Attendant.

*Address,* Cor. Wilson & Sinsacen

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58460 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 16 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bennett

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* .... 4 *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 129 York St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia.

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 17/82

*Undertaker,* Mr. Parker. ross

*Place of Business,* .....

U. S. Booze M. D.,
Medical Attendant.

*Address,* 206 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physi... its Destin...

# Board of Health, City of Baltimore,

Permit No. 18406 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1892 BALTIMORE

*Date of Death,* July the 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Poole

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 14 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 359 McDonough St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Some complaine to Dissendary

*Duration of Last Sickness,* one Week

All the above information should be furnished by the Physician.

*Place of Burial,* Sweethome Burial

*Date of Burial,* July the 17

*Undertaker,* Mr Finn

*Place of Business,* Gay St

Geo. W. Gosnell M. D.,
Medical Attendant.

Address, 201 Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...dy to its Destination. No. 58402

**The Special Attention of Physicians is Respectfully Invited to the Instructions below, and to List of Diseases on Back of this Certificate.**

# 13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 17th July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Stallenberger

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 13 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 13 months

*Place of Death,* {Give street and number} 112 Boyd St

*Cause of Death* { First, (Primary,) Summer Complaint
Second, (Immediate,)

*Duration of last Sickness,* 3 weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 18

F. X. Benson M. D.
Medical Attendant.

*Undertaker,* J. H. Cook

*Place of Business,* 707 W. Pratt *Address,* 187 Hollins St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 58403

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 16. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elba Leompte

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 29 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Dressmaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} East New Market, Dorchester Co Md

*Duration of Residence in the City of Baltimore,* 4 Years

*Place of Death,* {Give street and Number.} 280 Pennsylvania Aven

*Cause of Death,* First, (Primary,) Peritonitis

Second, (Immediate,) "

*Duration of Last Sickness,* Five weeks.

All the above information should be furnished by the Physician.

*Place of Burial* New Market Dorchester Co Md

*Date of Burial,* July 18 1882

*Undertaker,* Andrews & Hodges

*Place of Business* 464 & 6 David Hodges

R. B. Browne M. D.,
Medical Attendant.

*Address,* 307 Madison Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 58404 *Office of Registrar of Vital Statistics.* Ward 19.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* July 16 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Edward Spielman

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 4 *Months,* 20 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Chicago Ill

*Duration of Residence in the City of Baltimore,* 2 weeks

*Place of Death,* { Give street and Number. } 143 Fulton Ave N

*Cause of Death,* First, (Primary,) Inanition

Second, (Immediate,)

*Duration of Last Sickness,* 2 d. from Birth - ill 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* July 18 1882

*Undertaker,* H. Sander & Sn

*Place of Business,* 202 Caroline St, Address, 198 Broadway

E. May M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lists of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58405 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* July 16th 1882 10. P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Riordan

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* , 6 *Years,* —— *Months,* —— *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and Number.} 236 N. Front St.

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Laryngeal Phthisis

*Duration of Last Sickness,* about 3 months - and 6 hours before - never under treatment

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 17 1882.

*Undertaker,* James P Byrne

*Place of Business,* 63 N Front St

Claud Van Bibber M. D.
Medical Attendant.

*Address,* 47 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to [illegible] of this Certificate.

11
Permit No. 58406

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac Reed

*Sex, Male or ~~Female~~.* { Cross out the word not required in this line. }

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* Col

*~~Married, Single, Widow~~ or Widower,* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* 35 yrs

*Place of Death,* { Give street and number. } 104 St Marys st

*Cause of Death,* First, (Primary.) Chronic Bronchitis

Second, (Immediate.) Diarrhoea

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sher. of St Lemarty

*Date of Burial,* July 19 1882

W W Dutton M.D.,
Medical Attendant.

*Undertaker,* Wm J Hemsley Jr

*Place of Business,* 116 Orchard

*Address,* 172 Franklin

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blanks Printed on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 58407 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 16th July 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Lockman

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } Male

*Age,* 49 *Years,* ..... *Months,* ..... *Days,*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. } Single

*Occupation,* Hagmer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* 28 Years

*Place of Death,* { Give street and Number. } 135 Hill St

*Cause of Death,* First, (Primary,) Cardiac Valvular disease

Second, (Immediate,) Anasarca & Exhaustion

*Duration of Last Sickness,* 14 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt Auburn Cemetery

*Date of Burial,* July 18 82

*Undertaker,* Alley Hemsley

*Place of Business,* 116 Orchard St. *Address,* 146 Hill St.

J. D. Dyer M. D.

Medical Attendant.

J. D. DYER M. D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

# Board of Health, City of Baltimore.

Permit No. 58408 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 17-1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lewis Adler

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* — *Months,* 21 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt City —

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 287 N Amity St

*Cause of death,* First, (Primary,) Tuberculosis Pul.

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* Bal W Cemetery

*Date of Burial,* July 19. 1882.

*Undertaker,* J. D. Roming

*Place of Business,* 125, Orleans, St

C. B. Britton M. D.,
Medical Attendant.

*Address,* 51 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physician ... to the Remarks Below, and ... Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5870 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th - 1882 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 10 *Months,* — *Days,*

*Color,* White -

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and Number.} St. Vincent's Infant asylum.

*Cause of Death,* First, (Primary,) Diarhea -

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 17/82.

*Undertaker,* Pat. Hunt

*Place of Business,* Irwin & Hammond.

R. H. Goldsmith M. D.,
Medical Attendant.

*Address,* Harlem av. Calton.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58460 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th - 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget —

*Sex, ~~Male~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* — *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore —

*Duration of Residence in the City of Baltimore,* Life —

*Place of Death,* {Give street and Number.} asylum (St Vincents Infant.)

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Marasmus.

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 19/82.

*Undertaker,* Pat. Hunt

*Place of Business,* Union Square

R. H. Goldsmith M. D.,
Medical Attendant.

*Address,* Harlem av. Calhoun

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 18411

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 18411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clemens Fell

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} male

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 143 Lexington St. W.

*Cause of Death* { First, (Primary.) Cholera Infantum
Second, (Immediate,) Acetral Anaemia

*Duration of last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Lutheran

*Date of Burial,* Tuesday July 18th 82

*Undertaker,* C. Paul Trunkel

*Place of Business,* 60 East ave

H. Chew Worthington M. D.
Medical Attendant.

*Address,* 373 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Questions Below, and to Their Statements Made in this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58412 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th '92

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Lynch

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* One *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* 13 months

*Place of Death,* {Give street and Number.} 25 Rhine St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Lincoln Cem

*Date of Burial.* July 19 1892

*Undertaker,* Geo. Coyle

*Place of Business,* 201 N. Eutaw St.

E. W. Mitchell M. D.,
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

5

Permit No. 58413

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. JUL 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 19 July 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Mayfield

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* 7 *Months,* — *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and number. } 25 Oldenburg

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate.)

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius Cemetery

*Date of Burial,* July 19, 1882

C Hoffman M.D.,
Medical Attendant.

*Undertaker,* Henry Hoak

*Place of Business,* 209 Central Ave *Address,* 57 Augusta

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ... This Permit Must ... in all Cases. ... Must be Certified.

# Board of Health, City of Baltimore,

Permit No. 5814 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Brockmayer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 65 *Years,* 6 *Months,* — *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 24 Years

*Place of Death,* {Give street and Number.} 124 E Biddle St

*Cause of Death,* First, (Primary,) Cholerine

Second, (Immediate,) Collapsed

*Duration of Last Sickness,* Two (2) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Mary's Cemetery

*Date of Burial,* July 19, 1882

*Undertaker,* Henry Smith

*Place of Business,* 127 Central Ave

C. W. Stone M. D., Medical Attendant.

*Address,* Corner Caroline

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5 8 2 1 3 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Ecker

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3- *Months,* 14 *Days.*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} No 55 Castle St

*Cause of Death,* First, (Primary,) Acute Bronchitis

Second, (Immediate,) Gastro Enteritis

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Agnes

*Date of Burial,* July 18th

*Undertaker,* John Funk

*Place of Business,* 24 S. Frederick

Wm. L. Russell M. D.,
Medical Attendant.

*Address,* 238 E Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians ... to the ... List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58716 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Monday July 17th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wilmer Wickes

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 17 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ...

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} 31 Enon St

*Cause of death,* First, (Primary,) Dentition

Second, (Immediate,) Congestion of Brain with Convulsions.

*Duration of Last Sickness,* 48 Hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 19 1882

*Undertaker,* Bokelman & Carman

*Place of Business,* 38 Enon St *Address,* 26 1/2 Greenmount ave

Wilmer Winslow M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of the Physician is called to the Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 58417 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 17

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H Coleman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 21 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 678 N Augusta St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Congestion of Brain

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 18

*Undertaker,* H Boeck.

*Place of Business,*

Geo. W. Jones M. D.,
~~Medical Attendant.~~

Address, 600 Gilmor St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

1

# Board of Health, City of Baltimore,

Permit No. 5818

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. JUL 18 1882 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* July 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ulysses Samuel Sullins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md since birth

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} 219 Hudson St

*Cause of Death,* First, (Primary.) Uraemia

Second, (Immediate.) Catarrhal Pneumonia

*Duration of Last Sickness,* 17 Days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Mount Carmel

*Date of Burial,* July 18th 1882

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton ave *Address,* 53 Elliott St

E. L. Williams M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58419 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 15 '82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenhard Phillips

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Sixty two~~ *Years,* 69. 11. *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Europe, fourty yrs.

*Duration of Residence in the City of Baltimore,* fourty yrs

*Place of Death,* {Give street and number.} Rose St 32

*Cause of death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of Last Sickness,* one yr.

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathews Cem.

*Date of Burial,* July 18th 1882

*Undertaker,* H. Saunders son

*Place of Business,* 252 Canton Ave

A. S. Warner M. D.,
Medical Attendant.

Address, 516 Bank St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 28421

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July - 18 - 1882 =

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Ann Lockes

*Sex, Male or Female,* {cross out the word not required in this line.} ~~Male~~ Female

*Age,* 39 *Years,* ..... *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 65 Dodson St.

*Cause of Death* First, (Primary.) Phthisis Pulmonal

Second, (Immediate,) .....

*Duration of last Sickness,* 1 yr

All the above information should be furnished by the Physician.

*Place of Burial,* Lower Baltimore City

*Date of Burial* July 18

*Undertaker,* John W Locke

*Place of Business,* 65 S. Wolf

W A B Sellman M. D.
Medical Attendant.

*Address,* 249 Carollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. G. BULLEY & CO. CITY PRINTERS AND STATIONERS.

No. 58421

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# (6) Board of Health, City of Baltimore,

*Permit No.* 58421

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 19 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th '82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate A. Wallis

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 3 *Years,* 1 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City, Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 136 Camden St

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate,) one week

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Comm

*Date of Burial,* July 19th 1882

*Undertaker,* Wm. J. Forkner

*Place of Business,* 136 Camden

Louis N. Knight M. D.
Medical Attendant.

*Address,* 121 N Bond

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58422 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 17 July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David H Maddox

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 8 *Months,* 3 *Days*

*Color,* Colored

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Nothing

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 135 York St.

*Cause of Death,* First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Paralysis and Exhaustion

*Duration of Last Sickness,* 6 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 18 1882

*Undertaker,* S W Shaw

*Place of Business,* 198 Howard St

L. D. Dyer M. D.
Medical Attendant.

*Address,* 146 Hill St.

L. D. DYER M.D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 04420

**The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.**

16

# Board of Health, City of Baltimore,

**Permit No.** 58423

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. JUL 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Noah R. Johnson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* 10 *Months,* 12 *Days.*

*Color,* Light Mulatto *Sex,* Male

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Chocktaw Co Alabama

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give street and number.} 80 Plum alley

*Cause of Death,* First (Primary,) Acute Phthisis

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* about six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 18 1882

N. G. Pidgely M. D.
Medical Attendant.

*Undertaker,* S. W. Clare

*Place of Business,* 198 Howard St *Address* 69 McCulloh St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No 5424

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5424 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1882 BALTIMORE

*Date of Death,* July 17.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. Mr. White Jr.

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* One *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 507 N Saratoga

*Cause of Death,* { First, (Primary,) Premature birth
Second, (Immediate,) few hours

*Duration of Last Sickness.*

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted] Greenmount

*Date of Burial,* [redacted] July 19th 1882

*Undertaker,* Western Cemetery

*Place of Business,* July 19th 1882 *Address,* 707 Mad. Av.

J. L. McMillan M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58428 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 17

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dan White

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 1 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 207 N Sarotoga St.

*Cause of Death,* First, (Primary,) Premature birth

Second, (Immediate,) Six hours

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial.* July 17th 1882

A H Milton M. D.,

*Undertaker,* C. A. Blizzard

*Place of Business,* Cor. Pa Ave & Dolphin

Medical Attendant.

Address, 207 Mad. Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

No. 58426

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 19 1892 BALTIMORE

*Permit No.* 58426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Carter

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* twenty three *Years,* ..... *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,* housewife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* twenty years

*Place of Death,* {Give street and number} No 71 Chaucer St.

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Phthisis Pulmonalis

*Duration of last Sickness,* two years

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnel Cemetery

*Date of Burial,* July 19 1892

*Undertaker,* H Ross

*Place of Business,* 45 Conway St

W. C. Sandrock M. D.
Medical Attendant.

*Address,* 227 Hanover St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13

# Board of Health, City of Baltimore,

Permit No. 38427

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Hooper

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* — *Days.*

*Color,* Blk

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} a/c

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 23 Penn ave.

*Cause of Death,* First, (Primary.) Inanition

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 19th 82

*Undertaker,* H Ross

*Place of Business,* 45 Centre St

De L. A. Barclay M.D.,

Medical Attendant.

*Address,* Bonners Fan Dispensary

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5842 6

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Woods,

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* *Months,* *Days.*

*Color,* White,

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} V

*Occupation,* None,

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland,

*Duration of Residence in the City of Baltimore,* Two Years,

*Place of Death,* {Give street and number.} 102 N Wolf St,

*Cause of Death,* First, (Primary.) Burn.

Second, (Immediate.) Shock,

*Duration of Last Sickness,* 15 hours,

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 20 82

*Undertaker,* Fyloz Bro

*Place of Business* 1 N Broadway

F. W. Chambers, M.D.,
Medical Attendant.

*Address,* 133 N Eden St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58429 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Kumlehn

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 4 *Months,* ~~Days~~,

*Color,* White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} No 427 East Fayette st

*Cause of Death,* First, (Primary,) Meningitis (Tubercular)

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* 4 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Wards Chapel Cemetery

*Date of Burial,* June 18 1882

*Undertaker,* John Keenan

*Place of Business,* 582 Columbus St *Address,* 22 Jackson Place

Thomas D. Evans M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 58430

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore.*

*Permit No.* 48430

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Knight

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 78 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Iowa

*Duration of Residence in the City of Baltimore,* about 50 yrs

*Place of Death,* {Give street and number} 209 Battery Ave

*Cause of Death* { First, (Primary,) Old age & Cerebral Congestion
, Second, (Immediate,) (Probably) Variotoid (over)

*Duration of last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cem.

*Date of Burial,* July 18th 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto. St. *Address,* 322 Hillen St

John Hood M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58431 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hamilton Green

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 9 *Months,* ——— *Days,*

*Color,* B

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*~~Duration of Residence in the City of Baltimore~~,*

*Place of Death,* {Give street and Number.} 22 Pinion st

*Cause of Death,* First, (Primary,) Neglect

Second, (Immediate,) Enteritis

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp street

*Date of Burial,* July 19th 1882

*Undertaker,* Wm Severs

*Place of Business,* No 27 Druid Hill Ave

William Lee M. D.,
Medical Attendant.

*Address,* 339 Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physici[illegible] Respectfully Invited to the Remarks Below, and to List of Di[illegible]ses on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 17432 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18[illegible] 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 17

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Brown

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* 4 *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 76 Cedar alley

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Inanition

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 18

*Undertaker,* Seffens & Son

*Place of Business,*

Geo. H. Gaston M. D.,
~~Medical Attendant.~~

Address, Cor. of Cedar

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case is investigated by him, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Emanuel Wasserman

for Burials, to the Office whence issued. Saturday of [illegible] No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5

# Board of Health, City of Baltimore,

Permit No. 58433

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 17 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Millen. Callender.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 8 *Months,* *Days.*

*Color,* White,

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None,

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 100. Asquith St,

*Cause of Death,* First, (Primary.) Laryngeal Diphtheria,

Second, (Immediate.)

*Duration of Last Sickness,* 10 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* July 20 1882

J. W. Chambers, M.D.,
Medical Attendant.

*Undertaker,* Jas F Byrne

*Place of Business,* Front Address 133 N Eutaw St

COPIED

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Re[illegible] on Back of this Certificate.

17

Permit No. 58434

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Otto

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* 1 *Months,* 18 *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.} √

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and number.} 372 Hanover St

*Cause of Death,* First, (Primary.) Asthma

Second, (Immediate.) "

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 19 Th 1882

*Undertaker,* Julius Koehler

*Place of Business,* Sharpe Cross St *Address,* 161 [illegible]

[illegible] *M.D.,*

Medical Attendant.

Coroner

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 3 0 4 5 5 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5843 6 — *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna J. Roth

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 78 *Years,* 11 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* none

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give street and number.} W. 91 Lancaster st

*Cause of death,* First, (Primary,) Pulm. Consumption

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* several years

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul's Cem.

*Date of Burial,* July 19th 1882

*Undertaker,* G. G. Sanders & son

*Place of Business,* 252 Canton Ave *Address,*

L. A. Winternitz M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...e whence issued Saturday of each week. 10250

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

Permit No. 58436 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Chase

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 50 *Years,* — *Months,* — *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Waiter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give street and Number.} 11 Chestnut Alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Dropsy (General)

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 19th 1882

*Undertaker,* D. H. Chase

*Place of Business,* 198 S. Howard St

D. A. Gillis M. D.,
Medical Attendant.

*Address* 150 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

week. No. 58437

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

10

# Board of Health, City of Baltimore,

Permit No. 58437

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 19 2 1882 BALTIMORE.

## CERTIFICATE OF DEATH

*Date of Death,* July 17 — 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Wesley Carr

*Sex, Male or ~~Female~~.* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* *Days.*

*Color,* Wh

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City —

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 112 Sarah Ann St

*Cause of Death,* First, (Primary.) Morbilli

Second, (Immediate.) —

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 19 1882

*Undertaker,* L W Chase

*Place of Business,* 199 Howard St

E B Britton M.D.,

Medical Attendant.

*Address,* Howard Ave Dispensary.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Bal... This

The Special Attention ... for Burials, to the Office wh... the Remarks Be... List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58438 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 2 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18. 1892

*Full Name of Deceased.* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ann Meads

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* ——— *Months,* ——— *Days.*

*Color,* ed

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 148 Tyson Street

*Cause of Death,* First, (Primary,) Fracture of femur.

Second, (Immediate,) General Debility

*Duration of Last Sickness,* 2 months.

All the above Information should be furnished by the Physician.

*Place of Burial* [illegible] cem.

*Date of Burial,* July 20th 1892

*Undertaker,* [illegible]

*Place of Business,* 63 [illegible] Ave.

J B Browne M. D.,
Medical Attendant.

*Address,* 307 Madison av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58437 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 2 1882 BALTIMORE

*Date of Death,* July 17/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A Oliver

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days.*

*Color,* Colored

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Homeless

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 49 Diamond St.

*Cause of Death,* First, (Primary,) Cancer of Uterus

Second, (Immediate,)

*Duration of Last Sickness,* 4 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 19th 1882

*Undertaker,* W. J. Gordon

*Place of Business,* 63 Park Ave.

J. H. Miller M. D.,
Medical Attendant.

*Address,* 89 N. Green St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No 3 8 4 4 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 38440 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18- 1882 3 A.m.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Wisniewska

~~Sex~~, *Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 33 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Home wife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 9 years.

*Place of Death,* {Give street and Number.} Lancaster Street - (no number)

*Cause of Death,* First, (Primary,) Acute Diarrhea - Exhaustion

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas Cem

*Date of Burial,* July 19th 82

Alfred W Leonard M.D.
Medical Attendant.

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Address, 414 E. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5-8 H11 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Charles Kelly

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* 2 mo *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* { Give street and Number. } #549 E. Fayette St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) ~~8 days~~ Exhaustion

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cemetery

*Date of Burial,* July 19th 1882

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave *Address,* #373 E. Balt. St.

E. F. Ross M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 6. *And be it further enacted and ordained*, That in case any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or in case no Physician was in attendance upon the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. Except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5844 2

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gough

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days.*

*Color,* Black

*~~Married, Single,~~ Widow or ~~Widower,~~* {Cross out the word not required in this line.} Widow

*Occupation,* Servant.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 115 Chestnut alley

*Cause of Death,* First, (Primary.) old age.

Second, (Immediate.) old age

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* July 19th 1882.

W. R. Morgan *M.D.,*
Medical Attendant.

{*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Baltimore St *Address,* 119 Monument St.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 58443 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 ? 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann McCormick

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* —— *Months,* —— *Days.*

*Color,* White

~~*Married, Single,*~~ *(Widow)* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 45 Years

*Place of Death,* {Give street and number.} 149. Hollins St.

*Cause of death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Brights Disease

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* July 19th 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St

A. C. Fox M. D.,
Medical Attendant.

*Address,* 506. W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58444 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bomhurst Dietz

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* 2 *Months,* 2 — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* all his life.

*Place of Death,* {Give street and Number.} 161 Chestnut St.

*Cause of Death,* First, (Primary,) Cherbral Inflammation

Second, (Immediate,) — in Spasms —

*Duration of Last Sickness,* nearly all his life —

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 19th

*Undertaker,* Geo. Schilling

*Place of Business,* —

E. C. Dohme M. D., Medical Attendant.

*Address,* 84 E. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 38445 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 2 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Mochrle

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 6 *Months,* 0 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} # 97 Thames St

*Cause of Death,* First, (Primary,) Diphtheritic croup

Second, (Immediate,)

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Fair View Union Cemetery

*Date of Burial.* July 19

*Undertaker,* Emanuel Claus

*Place of Business,* 46 S Bethel St

John H. Rehberger M. D., Medical Attendant.

*Address,* 143 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

7

# Board of Health, City of Baltimore,

Permit No. 58446

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 19 ? 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} S. P. Mears

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days.*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Seaman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and number.} St Joseph's Hospital

*Cause of Death,* First, (Primary.) Chr Bright's Disease

Second, (Immediate.) Chronic Bladder Catarrh-Uraemic Poisoning

*Duration of Last Sickness,* about 4 years

**All the above Information should be furnished by the Physician.**

*Place of Burial,* Accomac Co. Va.

*Date of Burial,* July 19. 82

*Undertaker,* D H Reasin

*Place of Business,* 125 Orleans

S. V. G. Stockman M.D.,
Medical Attendant.

*Address,* St Joseph's Hosp

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58447 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fisher

*Sex, Male or Female,* {Cross out the word not required in this line.} F

~~*Age,*~~ — ~~*Years.*~~ — ~~*Months,*~~ 2 hours ~~*Days.*~~

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S,

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 35 Lancaster St.

*Cause of death,* First, (Primary,) Premature birth

Second, (Immediate,)

*Duration of Last Sickness,* 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Petrus Grave yard

*Date of Burial,* July 19 - 11 o'clock A.M.

*Undertaker,* John Brown,

*Place of Business,* 224. S. Bond St

Jno. S. Smith M. D.,
Medical Attendant.

*Address,* No 1 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58448 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Manley

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* *Months,* *Days.*

*Color,* Black

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Harford County Maryland

*Duration of Residence in the City of Baltimore,* 8 months

*Place of Death,* {Give street and Number.} 45 Jefferson St

*Cause of Death,* First, (Primary,) Typho Malaria Fever

Second, (Immediate,)

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial* Harford County

*Date of Burial,* July 19th 1882

*Undertaker,* Wm. Lockie

*Place of Business,* #73 Jefferson

Wm. E. Russell M. D.,
Medical Attendant.

*Address,* 238 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

# Board of Health, City of Baltimore,

Permit No. 5-8449

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 12 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 17th July 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel S. Addison

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 194 N Fremont St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,* 2 years.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* July 19th 1892

H. W. Owings *M.D.,*

Medical Attendant.

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Fremont *Address,* 48 McCulloh

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 58450 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Harris

*Sex,* Male ~~or Female~~, {Cross out the word not required in this line.}

*Age,* about 30 *Years,* *Months,* *Days.*

*Color,* Cd

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Driver

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 6 Morris al

*Cause of death,* First, (Primary.) Consumption of Lungs

Second, (Immediate,)

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 19 1882 R. Winslow M. D.,

Medical Attendant.

*Undertaker,* Thos Kunkel

*Place of Business,* 317 Mulberry *Address,* 201 W. Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3

# Board of Health, City of Baltimore,

*Permit No.* 55 58451 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July - 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie R Bates.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto -

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 20 S Broadway

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 9 days -

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* July 20th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

Irving Miller M. D.
Medical Attendant.

*Address* 179 E Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 5 7432 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 17 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Bertram

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 26 *Years,* — *Months,* — *Days.*

*Color,* White —

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

*Occupation,* Merchant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Returns City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } 378 Madison Ave.

*Cause of Death,* { First, (Primary.) Consumption

Second, (Immediate.)

*Duration of Last Sickness,* Five Years

All the above Information should be furnished by the Physician.

*Place of Burial* Hebrew Cemetery

*Date of Burial,* July 19th 1882.

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw St. *Address,*

A. Arnold M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-8215 3 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Farell.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One *Years,* 5 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and Number.} # 332 E Chase St. ulcerous Stomatitis

*Cause of Death,* First, (Primary,) Gastro enteritis (with ~~the~~

Second, (Immediate,) Eclampsia

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* July 19 1882

*Undertaker,* James P Byrne

*Place of Business,* N 63 M Front St *Address,* 305 N Caroline St

Geo A. Hartman M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

# Board of Health, City of Baltimore,

Permit No. 58454

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 19 1882 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Quinn

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* ..... *Months,* ..... *Days.*

*Color,* White *Sex,* F.

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Dress Maker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and number.} 111 W. Fayette St

*Cause of Death,* First (Primary,) Pulmonary Consumption

Second (Immediate,) & Brights Disease

*Duration of Last Sickness,* Do not Know. She was nearly dead when I first saw her

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae W. T. Howard M. D.

Medical Attendant.

*Date of Burial,* July 19th 1882

*Undertaker,* Chas T Scriven *Address* 181 Madison Ave

*Place of Business,* 271 N Eutaw St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No 58455

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 19 Board of Health, City of Baltimore,

*Permit No.* 58455

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Bosworth

*Sex, Male & Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ 11 *Months,* ____ 18 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 51 S. Gilmor St.

*Cause of Death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,)

*Duration of last Sickness,* About 24 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 19

*Undertaker,* J. P. Cook

*Place of Business,* 707 W. Pratt *Address,* 342 N. Broadway

John H. White M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...T & Co. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Board of Health, City of Baltimore,

Permit No. 58756 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUL 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Koharski

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 6 *Months,* 0 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} 53 Thames St

*Cause of Death,* First, (Primary,) Entero-colitis

Second, (Immediate,)

*Duration of Last Sickness,* Five Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 19th 82

*Undertaker,* G. France

*Place of Business,* Bonds & Wolf

John H. Kehberger M. D., Medical Attendant.

*Address,* # 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians Is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58457 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Pauline Michael

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* 14 *Days,*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ~~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} Nr 732 Light St

*Cause of Death,* First, (Primary,) ~~~~

Second, (Immediate,) Pulmonis

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* July. 20. 1882.

*Undertaker,* M. A. Daiger.

*Place of Business,* 74 S. Bliry.

Penrose R. Wroble M. D.,
Medical Attendant.

*Address,* 422 B N. Embarck

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Board of Health, City of Baltimore,

Permit No. 58758 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis R Reuckert

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days,*

*Color,* White

~~*Married, Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 135 Saratoga St

*Cause of Death,* First, (Primary,) Lues Motor Ataxia

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 15 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* July 20

*Undertaker,* Henry McGinnis

*Place of Business,* 8 N. Central Avenue *Address,* Calvert Mansion

July 13 Reynolds M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58459 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Sherwood

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,*

*Birthplace,* {State or country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and Number.} 515 S. Chester St.

*Cause of Death,* First, (Primary,) Convulsions (Can assign no cause)

Second, (Immediate,) "

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 20 1882

*Undertaker,* N. S. Curran

*Place of Business,* 53 S. Broadway

E. P. Irons M. D.,
Medical Attendant.

*Address,* 375 E. Balto. St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 7584 ED

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosella A Reinhard

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 8 *Months,* 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} — —

*Occupation,* — —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* — —

*Place of Death,* {Give street and number.} N. W. Ais gnith & Chas

*Cause of Death,* First, (Primary.) Congestion of brain

Second, (Immediate.)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lauden Park Cem.

*Date of Burial,* July 20th 82

*Undertaker,* Adam Funk

*Place of Business,* 161 N. Gay St. *Address,* 256 E John st

Wm B. Billingslea M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited...

# Board of Health, City of Baltimore,

Permit No. 5-8461 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thagar W. Hawkins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 3 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 143 N. Spring Ave

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* July 19th 82

*Undertaker,* Wm F. Frazier

*Place of Business,* 76 E. Pratt St

Francis V. Sause M. D.,
Medical Attendant.

*Address,* 105 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58462 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 19 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elsie E. Berry

*Sex, Male or Female,* { Cross out the word not required in this line. } F

*Age,* 6 *Years,* 5 *Months,* *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 191 Aisquith St.

*Cause of Death,* First, (Primary,) Marasmus,

Second, (Immediate,)

*Duration of Last Sickness,* 10 wks

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cemetery

*Date of Burial,* July 20th 1882

*Undertaker,* Robt Fox

*Place of Business,* [illegible] Balt St

H. T. Reynold M. D.,
Medical Attendant.

*Address,* 186 Aisquith St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully ... st, in all Cases, Accompany the ... Destination.

5-8463

# Board of Health, City of Baltimore,

Permit No. 17

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT JUL 19 1882 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th " 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George - Jules

*Sex, Male & ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* — *Months,* — *Days.*

*Color,* Colored -

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Marine

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} St - Marys Co - Md

*Duration of Residence in the City of Baltimore,* Unknown.

*Place of Death,* {Give street and number.} Patapsco River - Back Shore -

*Cause of Death,* First, (Primary.) Accidental / drowning /

Second, (Immediate.) " "

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* West Public Cemetery

*Date of Burial,* July 18/82

*Undertaker,* Fred A Kuchmer

*Place of Business,* 50 S Caroll ton Ave

T. A. Bell M.D.,

~~Medical Attendant~~

Coroner 5th Dist.

*Address,* 161 E Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

20

# Board of Health, City of Baltimore,

Permit No. 38464

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Ashton

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* ——— *Years,* ——— *Months,* 3 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,* ———

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Balto. Md.

*Duration of Residence in the City of Baltimore,* 3 days

*Place of Death,* { Give street and number. } 71 Lloyd St.

*Cause of Death,* { First (Primary,) Imperfect development
Second (Immediate,) of Heart

*Duration of Last Sickness,* 1

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore City

*Date of Burial,* July 19th 1882

J. Gibman M. D.
Medical Attendant.

{ *Undertaker,* John Thacher
{ *Place of Business,* No 150 Canton Address

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Must, in all Cases, Accompany Application

# Board of Health, City of Baltimore,

Permit No. 5824/66 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Moulet

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* —— *Months,* —— *Days.*

*Color,* Mulatto

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 91 Stirling St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Uterine Tumor

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* July 19th 1882

*Undertaker,* S. W. Chase

*Place of Business,* 198 S. Howard St *Address,* 36 Greenmount Ave

Silas N. Hunter M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Hereby Invited in all Cases to Accompany the Back of this Certificate.

12 5-8466

Permit No.

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Williams

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* Dark brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Howard County

*Duration of Residence in the City of Baltimore,* 40 or 50 years

*Place of Death,* {Give street and number.} No 18 Hilmer Alley

*Cause of Death,* First, (Primary.) Unknown

Second, (Immediate.) Typhoid Pneumonia

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 19th 1882

*Undertaker,* Sam'l M. Shaw

*Place of Business,* 178 E. Howard st

B F Bohrer M.D.,
Medical Attendant.

*Address,* Cor Dolphin & Rose sts

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Re[illegible]ses. According to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5`8467 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED JUL 19 1882 REGISTRAR BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th, 882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Jeroshek

*Sex, Male or Female,* {Cross out the word not required in this line.} Famale

*Age,* ..... *Years,* 2 *Months,* 21 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 248 Alice Anna St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius Comtry

*Date of Burial,* July 20 1882

*Undertaker,* John Keenan

*Place of Business,* 352 Calvert St

John H. Kelbugen M. D., Medical Attendant.

*Address,* 243 Alice Anna St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks ... on back of this Certificate.

19

Permit No. 58468

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Queen

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.} 1

*Occupation,* Laundress

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} a. a. Co.

*Duration of Residence in the City of Baltimore,* Eight Years

*Place of Death,* {Give street and number.} 232 Hine Alley

*Cause of Death,* First, (Primary.) Enteritis (Diarrhoea)

Second, (Immediate.)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Potters Field

*Date of Burial,* July 20 1882

Hector McGordon M.D.,
Medical Attendant.

*Undertaker,* W. Thomas Mungen

*Place of Business,* No 62 Hanover St *Address,* 645 W Lombard St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attent[illegible] spectfully Invi[illegible] all Cases, Accompany the [illegible]nation.

# Board of Health, City of Baltimore,

Permit No. 58469 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Meta Korff

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* about thirty years

*Place of Death,* {Give street and number.} 767 W Pratt Street

*Cause of death,* First, (Primary,) General failure of physical power. Weakness of heart action & some dropsical effusion of limbs.

Second, (Immediate,)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 20th 1882,

*Undertaker,* Adam Weidegmayer

*Place of Business,* 578 W. Baltimore St *Address,* Carroll Bald. Co.

Wm. G. Holliday M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to ... all Cases, Accompany the ... tion.

# Board of Health, City of Baltimore,

Permit No. 58420 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank W. Swain

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 6 *Months,* — *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 364 E. Madison Street

*Cause of death,* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of Last Sickness,* From birth

All the above information should be furnished by the Physician.

*Place of Burial,* Balti cemetery

*Date of Burial,* July 21 1882

*Undertaker,* John W Jackson

*Place of Business,* Cor Eng & Caroline

Charles H. Thomas M. D.,
Medical Attendant.

*Address,* 66 E. Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] especially invited to [illegible] accompany

# Board of Health, City of Baltimore,

Permit No. 58771 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 2 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Baltimore July 18 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Martin

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 39 *Years,* ... *Months,* ... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Washer & Ironer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Port Deposit Md. 39 years

*Duration of Residence in the City of Baltimore,* Eleven years

*Place of Death,* {Give street and Number.} # 22 Steuart St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Levvel Cemetery

*Date of Burial,* July 20 1882

*Undertaker,* William Berger

*Place of Business,* No 62 E. Pratt St *Address,* 222 N Broadway

Geo F Taylor M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully [illegible] in [illegible] mark below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58472 — *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Cummings

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 5 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} # 120 N. Durham St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 20 1882

*Undertaker,* William N. Bunn

*Place of Business,* No 62 E. Pratt *Address,* .....

Geo. Fowler M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13

# Board of Health, City of Baltimore,

Permit No. 58473

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 20 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Rosa~~ 19th July

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Briden

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore since birth

*Duration of Residence in the City of Baltimore* 118 Parkin St

*Place of Death,* { Give street and number. } Peritonitis & Malaise From

*Cause of Death,* First, (Primary.) Exhaustion

Second, (Immediate.) 4 Ds.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore City

*Date of Burial,* July 20 1882

A M Dodge *M.D.,*

Medical Attendant.

*Undertaker,* John S Thacker

*Place of Business,* No 150 Camden *Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 18 58479

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 20 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Kersting

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* 7 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Tailor

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Frankenberg Germany 31 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} # 334 S. Charles St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Apoplexy

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 21 "

*Undertaker,* Henry Brice

*Place of Business,* Henrietta St 81

D. Atzell M.D.,
Medical Attendant.

Coroner

*Address,* [illegible]

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 5-8475 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED DEPARTMENT JUL 20 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bennie Burgess

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Twelve *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 242 Hughes st

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* Nine days

All the above information should be furnished by the Physician.

*Place of Burial,* Shafer & Cemetery

*Date of Burial,* July 29th 1882

*Undertaker,* David N Chase

*Place of Business,* 178 S Howard St

Julius Hall M. D.,
Medical Attendant.

Address, Southern Dispensary, 77 Hill St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58476 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Anne Michael

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 11 *Months,* 5 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} W 83 N Eighth

*Cause of Death,* First, (Primary,) Pertussis

Second, (Immediate,) Rubeola

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* July 20. 1882

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S Bdwy.

Pembroke M. Trimble M. D., Medical Attendant.

Address, 213 N. Linbard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58477 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 2 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July the ~~18~~ 18th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Duglas E Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 2 *Months,* 5 *Days,*

*Color,* cd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 12 Johnes Ally

*Cause of Death,* First, (Primary.) Bron Chites

Second, (Immediate.)

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurl Cemetery

*Date of Burial,* July 20th

*Undertaker,* Sephus & Son

*Place of Business,*

Geo. W. Gibson M. D.,
~~Medical Attendant.~~

*Address,* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No 38478

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 38478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Francis

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 20 *Years,* 9 *Months,* *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Barber

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Entire life-time.

*Place of Death,* { Give street and number } 4 & Chesnut St.

*Cause of Death* { First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* Abt 25 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* July 20 1882

*Undertaker,* W. Bruce Young

*Place of Business,* No 62 East St

D M Cathell M. D.
Medical Attendant.

*Address,* 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

ers of ...s in City of ...

...e Office whence issued, ...each week. ..., 1882.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

Permit No. 58479 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos J Reducan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 38 *Years,* ——— *Months,* ——— *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Car Driver

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give street and Number.} 175 Vine St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) "

*Duration of Last Sickness,* Dont Know, Saw him first 2 weeks ago

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* July 21st 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette St

Thomas Opie. M. D., Medical Attendant.

*Address,* 89 N. Camp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 58480

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 20 2 1882
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nannie Knefely

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ~~—~~ *Years,* 10 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

*Occupation,* ~~—~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 360 Gilmor St.

*Cause of Death* { First, (Primary,) Pertussis followed by Meningitis
Second, (Immediate,) .....

*Duration of last Sickness,* Several Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cem

*Date of Burial,* July 20 " 1882

*Undertaker,* Timmons & Mitchell

*Place of Business,* 56 W Fayette St

D W Cathell M. D.
Medical Attendant.

*Address,* 2 W Baltimore

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to ——, on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58481 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Ann Smith

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days.*

*Color* Col

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 462 L. Monument St

*Cause of death,* First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of Last Sickness,* 4 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 21 1882

*Undertaker,* Rep Hennelly

*Place of Business,* 116 Orchard St *Address,* 201 D. Biddle St

H. Winslow M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58282 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fergy Stewart

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 6 *Years,* ~~*Months,*~~ ~~*Days,*~~

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} No 175 Eastern Ave

*Cause of Death,* First, (Primary,) Variola,

Second, (Immediate,)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Methodist Conn

*Date of Burial,* July 20th

*Undertaker,* Wendell Dippel

*Place of Business,* S. Bond St. 19

Thomas B. Evans, M. D.,
Medical Attendant.

Address, 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

e Special Attention of Physicians is Re[illegible] Permit Must, in all Cases, Accompany the [illegible] Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 38778 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kathrin L Badgaro

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 8 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 227 Mulberry St.

*Cause of death,* First, (Primary,) Cholera Infant.

Second, (Immediate,) Congestion Brain

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* July 20th 1882.

*Undertaker,* Chas Thos Badgaro

*Place of Business,* 227 Mulberry St

Louis Hohn M. D.,
Medical Attendant.

*Address,* 226 Mulberry St,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

H

# Board of Health, City of Baltimore,

Permit No. 58184

*Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT
JUL 20 2
1882
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 18. 1882,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert F. Baxter,

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 21 *Days.*

*Color,* White,

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None,

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City,

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} ~~97~~ E. Chestnut St,

*Cause of Death,* First, (Primary.) Inanition,

Second, (immediate.) .....

*Duration of Last Sickness,* 21 days (Lifetime)

All the above information should be furnished by the Physician.

*Place of Burial,* E Balto P Cemetery

*Date of Burial,* July 18

*Undertaker,* Holman

*Place of Business,* City Hall

Jno C Ramsay M.D.,
Medical Attendant.

*Address,* 133 N Eutaw St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Re[illegible] the Office whence issued, Saturday of each week. [illegible] seases on Back of this Certificate.

[illegible] all Cases Accompany th[illegible]

# Board of Health, City of Baltimore,

Permit No. 58485 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 7/19, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Dorsey

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 15 *Days.*

*Color,* Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 32 Joslin Court

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number.} 32 Joslin Court

*Cause of death,* First, (Primary,) Congestal Convulsions

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* W Pub Cem

*Date of Burial,* July 20

*Undertaker,* J-A Kerchner

*Place of Business,* ———

Gray Smith M. D.,

Medical Attendant.

*Address,* 229 Townsend St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

8

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry C. Marshall

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* School Boy

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number.} In Jones Falls near Belvedere Bridge

*Cause of Death,* First (Primary,) Drowning

Second (Immediate,)

*Duration of Last Sickness,* 5 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery J. G. Connolly *M. D.*

*Date of Burial,* July 21st Medical Attendant.

*Undertaker,* Geo Schilling *Address* Corner

*Place of Business,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...or Burial ...day of each week.

No 38487

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 2 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19/81

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy, Reed

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* 5 *Months,* 16 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 183 Fremont St

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 183 Fremont

*Cause of Death* { First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* July 20

G W Stones ..... M. D.
Medical Attendant.

*Undertaker,* C W Blizzard

*Place of Business,* 158 So Pen a *Address,* Cor Stricker & Pennsa

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

THOS. J. C. KINSLEY & CO., CITY PRINTERS AND STATIONERS.

...ries in City of Baltimore ...ed, Saturday of each week. No 6220

The Special Attention of Physicians is Respectfully Invited to the Rem... ...List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58488 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A McConnell

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 7 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Nursery & Child's Hospital

*Cause of Death,* First, (Primary,) Congenital Imperfectness

Second, (Immediate,) Inanition

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 19

*Undertaker,* 6 A Kenna

*Place of Business,* 178 Pa Ave

Thos. Latimer M. D.,
Medical Attendant.

*Address,* 187 W. Biddle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58189 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mattie C. Norwood

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 25 S. Schroeder St

*Cause of death,* First, (Primary,) Enteritis

Second, (Immediate,)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 21

*Undertaker,* Wm H Cook

*Place of Business,* 714 W Lt B Cook

John Neff M. D.,
Medical Attendant.

*Address,* 204 Lamvillon Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...for Burials, to ...ce issued, Saturday of each week. No 8470

The Special Attention of Physicians is Respectfully Invited to th... all Cases, Accom... ...ation ...to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58468 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 18, 82.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lulu Lind

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 1 *Years,* 2 *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 47 Burgundy alley

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 1

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 20

*Undertaker,* H Ross

*Place of Business,* 95 Bonney

C. W. Boyce M. D.,
Medical Attendant

*Address,* 206 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...epers ... lay of each week. No 28491

The Special Attention of Physicians is Respectfully Invited to the Remarks Accompanying the ... Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 28491 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Poulson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 2 *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 186 West St

*Cause of Death,* First, (Primary,) Diptheria,

Second, (Immediate,) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* July 20

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

W. E. Brune M. D.,
Medical Attendant.

*Address,* 216 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Kee[illegible] ...ence issued, Saturday of each week. No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Accompanying List of Diseases on Back of this Certificate.

18 5841 92

# Board of Health, City of Baltimore,

Permit No. [illegible]

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 20 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} "Aaron Wesley

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 3 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} Patapsco River Off Ramsteads Wharf foot of Warner St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Accidentally drowned

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 20

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

S. A. Bell M.D.,

~~Medical Attendant~~

Coroner

*Address,* 161 S Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

pers of ... urday of each week.

The Special Attention of Physicians is Respectfully Invited to the Rema... on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 15493 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th. - 6 P. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Mortena Mehring

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 8 *Years,* 6 *Months,* 6 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto, Md. Since Birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No. 199 Columbia Ave.

*Cause of death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* Seven days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls, E. Luthrin Germany

*Date of Burial,* July 20th 1882

*Undertaker,* Adam Weidemeyer

*Place of Business,* 578 W. Baltimore St.

[signature] M. D.,

Medical Attendant.

*Address,* N.E. Cor Columbia & Paca Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

day of each week. No. 784914

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Directions on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 784914 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 19th. July 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cacace

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During lifetime

*Place of Death,* {Give street and number.} Bank Street 173.

*Cause of death,* First, (Primary,) }
Second, (Immediate,) } Pneumonia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* July 21st 82

*Undertaker,* G. Frazer } William Henkel M. D.,
Medical Attendant.

*Place of Business,* Bank & Wolfe St *Address,* E. Wolfe St. 117

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No 8492

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58493 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Sampson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8 *Months,* 20 *Days,*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 46 Tyson

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Life

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 21st 1882

Geo. W. Dent M. D.,
Medical ~~Attendant~~.

*Undertaker,* Alexander Hensley

*Place of Business,* 116 Orchard Address, Bd. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cem[illegible] ... of Baltimore will make returns of ... day of each week. No 38476

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 38476 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Moravetz

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 99 N. Wolf St.

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius Cemetery

*Date of Burial,* July 21 1882

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans St

J Heelbelberg M. D.,
Medical Attendant.

*Address,* 369 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...eteries in City of Baltimore will make returns [illegible]
to the Office whence issued, Saturday of each week. No 30477

The Special Attention of Physicians is Respectfully Invited to the ...ases, Accompany ...e of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58497 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1892 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 20th July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Catherine Harris.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* 8 *Months,* 8 *Days.*

*Color,* ...

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ...

*Occupation,* ...

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Constitution St.

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give street and number.} Constitution St.

*Cause of death,* First, (Primary,) Teething

Second, (Immediate,) ...

*Duration of Last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* July 21 at 4 P.M.

*Undertaker,* D. Mueller

*Place of Business,* 24 Harrison

Fred. Hofs. M. D.,
Medical Attendant.

*Address,* ...

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will [illegible]
for Burials, to the Office when[illegible] day of each week. 03790

The Special Attention of Physicians is Respectfu[illegible]he Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 68498 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Murray

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days,*

*Color,* B

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 300 Hamburg Cor Warren

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) "

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* West Balto Park Cem

*Date of Burial.* July 20 1882

*Undertaker,* H Kirkus

*Place of Business,*

Geo. W. Gibson M.D.,

Medical Attendant.

*Address,* Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...sexton of Cemeteries in City of Baltimore ...
...Returns of Burials to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58499 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT JUL 20 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 — 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen O. Hamilton

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* ... *Months,* ... *Days,*

*Color,* w

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 45 Eastern Ave Eastern

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 22nd

*Undertaker,* Dieterick Wiegand

*Place of Business,* 166 Druid Hill Ave *Address,*

... *M. D.*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Keepers of Cemeteries in City of Baltimore will make return of all Persons for Burials, to the Office whereto issued, Saturday of each week.

No 88564

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58511 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara M. Carey

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* 8 *Months,* 15 *Days,*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 429 N. Calhoun St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis

*Duration of Last Sickness,* 18 months.

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* July 21st 1882

*Undertaker,* Chas T. Scriven

*Place of Business,* 271 N Eutaw St *Address,* 146 Hanover

Thomas Cottee M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention [illegible] fly Invited to the Remarks Bel[illegible] on Back of this Certifi[illegible]

# Board of Health, City of Baltimore,

Permit No. 58601 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1932 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 = 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Murdoch

*Sex, Male or Female,* { Cross out the word not required in this line. } [illegible]

*Age,* [illegible] *Years,* 1 *Months,* 5 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } [illegible]

*Occupation,* [illegible]

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 4 Peckul St

*Cause of Death,* First, (Primary,) [illegible]

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 5 days.

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Burying

*Date of Burial,* July 21 1882 Geo. H. Renton M. D.

*Undertaker,* F. A Kuchuus Medical Attendant

*Place of Business,* Address, Commissioner of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, [illegible] forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, [illegible] the said can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and [illegible] and [illegible] of death, except in cases of births and deaths of illegitimate children. [over]

Eby Dr. E. Dunning

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58502 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HALTIMORE PARK JUL 21 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Conwell

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* about 38 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Boatman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} New York State

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,) Valvular disease of heart

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Cemetery Phila Road

*Date of Burial,* July 21st 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway

F. West M. D.,
Medical Attendant.

Address, University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

# Board of Health, City of Baltimore,

Permit No. 58363 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1892 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Wednesday July 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Garrett

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* 1 *Months,* 11 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Non

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 9 Chesapeak St

*Cause of death,* First, (Primary,) Abscess on the ball of the great toe left foot in which was absorbed Some Septicæ matter

Second, (Immediate,) Syncope

*Duration of Last Sickness,* 5 to 7 day

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* July 21 1882

*Undertaker,* H. Lanier & Son

*Place of Business,* 202 Canton Ave. *Address,* 28 O Donnell St

J. E. Prichard M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians [illegible] Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58504 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget M Laughlin

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* — *Days,* 1

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Chancellorstown Co Derry Ireland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and Number.} 87 E Monument St

*Cause of Death,* First, (Primary,) Dropsy & general debility

Second, (Immediate,) " "

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 22nd 1882

*Undertaker* Jas A Bond

*Place of Business,* No 702 Baltimore Street

J C [illegible] M. D.,
Medical Attendant.

*Address,* 2 E Monument St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

# Board of Health, City of Baltimore,

Permit No. 58305 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 21 2 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Son of James & Mary Brooks

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* ..... *Months,* 5 *Days,*

*Color,* Black.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } 70 Welcome alley

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 21

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

C W Booze M. D.,
Medical Attendant.

*Address,* 206 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58606 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 2 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Constance Pruchniewski

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 6 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 14 mos.

*Place of Death,* {Give street and Number.} 183 S. Bond St.

*Cause of Death,* First, (Primary,) Scarlatina Anginosa

Second, (Immediate,)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 21st

*Undertaker,* John A. Brown

*Place of Business,* No 224 Eutaw St

John H. Rehberger M. D.
Medical Attendant.

*Address,* 243 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Memorandum below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5850 7 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 2 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Cooper

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Nineteen (19) *Years,* — *Months,* — *Days.*

*Color,* ??

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Durin[illegible] life

*Place of Death,* {Give street and number.} 138 S Durham St

*Cause of death,* First, (Primary,) Pneumonia, Intercurrent

Second, (Immediate,) " " Asthenia

*Duration of Last Sickness,* Eight months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 21st 1882

*Undertaker,* Theo G Fockler

*Place of Business,* 73 Jefferson St

Whitefield Nurse, *M. D.,*
Medical Attendant.

*Address,* 116 S. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58508 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Schmitt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* five *Years,* 6 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Russia

*Duration of Residence in the City of Baltimore,* seven weeks

*Place of Death,* {Give street and number.} No 25 N Fredrick st

*Cause of death,* First, (Primary,) Measles

Second, (Immediate,) Pulm. Phthisis

*Duration of Last Sickness,* seven weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Asbel Schalom

*Date of Burial,* July 24st

*Undertaker,* Wm Eilau

*Place of Business,* 101 Gough St

L O Untermeyer M. D., Medical Attendant.

*Address,* 125 Eden pl

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58609 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary B. Jenkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 83 *Years,* 2 *Months,* — *Days,*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Charles Co Md

*Duration of Residence in the City of Baltimore,* 51 years

*Place of Death,* {Give street and Number.} St. Vincents Hospital

*Cause of Death,* First, (Primary,) Old age

Second, (Immediate,) Inflammation of the Stomach

*Duration of Last Sickness,* 2 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cem

*Date of Burial,* 22 July 1882

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 75 N. Charles St

J. N. Butler M. D.,
Medical Attendant.

*Address,* 144 Mulberry St,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

No. 1

# 18 Board of Health, City of Baltimore,

Permit No. 5851 0

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 21 2
1882
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Hoops

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number} 115 Monroe St

*Cause of Death* First, (Primary,) Exhaustion

Second, (Immediate,) Prostration

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* July 22d 1882

*Undertaker,* J. B. Blackiston

*Place of Business,* 70 Lombard St. 3d door West of Victor St.

C. F. Benson M. D.
Medical Attendant.

*Address,* 187 Hollins St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY ENGRAVERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back

9

# Board of Health, City of Baltimore,

Permit No. 58511

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 21 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Mann

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 23 *Years,* 9 *Months,* *Days.*

*Color,* Black *Sex,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Waiter.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Essex Co Va

*Duration of Residence in the City of Baltimore,* 15 Yrs

*Place of Death,* {Give street and number.} 38 North Shore St

*Cause of Death,* First (Primary,) Typhoid Fever

Second (Immediate,) +

*Duration of Last Sickness,* 8 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 21st 1882

A. A. Kuhn M. D.
Medical Attendant.

*Undertaker,* Edw. H. Chase

*Place of Business,* 198 E. Howard St *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 5715/2

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Joseph Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 6½ Mos. *Years,* 20 Days. *Months,* 2

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 11 Kirby's Lane B. Co.

*Duration of Residence in the City of Baltimore,* 2 mos & 20 days

*Place of Death,* {Give street and number.} 11 Kirby's Lane

*Cause of death,* First, (Primary,) Macasmus

Second, (Immediate,) Three weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 21st 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 W. Fayette St

Wm Jackson Evans M. D.
Medical Attendant.

*Address,* 114 Gt. Fallows

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases ...

# Board of Health, City of Baltimore,

Permit No. 58363 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 20th July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Reichards

*Sex, Male or Female,* {Cross out the word not required in this line.} .....

*Age,* 78 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Lancaster Pa

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} Asylum of the Little Sisters of the Poor cor John and Valley Sts

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) General Debility old age

*Duration of Last Sickness,* one Week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cimetery

*Date of Burial,* 22th July 1882

*Undertaker,* Henry Schettleis

*Place of Business,* .....

Geo. H. Denton M. D.
Medical Attendant.

Address, 130 E Pleasant

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [or ...

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on ba

2

# Board of Health, City of Baltimore,

**Permit No.** 58514

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 21 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Lillian Mursell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... *Months,* 14 *Days.*

*Color,* Colored *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 14 Bolton St.

*Cause of Death,* First (Primary,) ...

Second (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 21

*Undertaker,* John H. Owens

*Place of Business,* 228 S Wood St *Address* 262 Sharp St

L. M. Hall M. D,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 5-8575

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis H. Lentz

*Sex,* Male ~~or Female,~~ {Cross out the word not required in this line.} 20 Days. Months, Years.

*Age,*

*Color,*

~~Married,~~ *Single,* ~~Widow or Widower.~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Lafayette

*Duration of Residence in the City of Baltimore,* 45 yrs. Mr. Hayette

*Place of Death,* {Give Street and Number.} Gastro Enteritis

*Cause of Death,* First, (Primary.)

Second, (Immediate.)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Balt- [illegible] Wm E Runnew M. D.

*Date of Burial,* July 21 1882

*Undertaker,* Jno N Mc[illegible] Medical Attendant.

*Place of Business,* 4 2215 Hayet Address, 238 h. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# 36 Board of Health, City of Baltimore,

Permit No. 58516

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry F Turner

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 80 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Retired Butcher

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Entire life time

*Place of Death,* {Give street and number} 270 E Fayette St

*Cause of Death* { First, (Primary,) Acute Dysentery
Second, (Immediate,) Collapse following an Evacuation

*Duration of last Sickness,* a few days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 21 82.

*Undertaker,* Hyde Bro

*Place of Business,* 21 Fayette

D W Cattell M. D.
Medical Attendant.

*Address,* 2 W Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

# Board of Health, City of Baltimore,

Permit No. 58317 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Annie Renshaw Milner

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} July 21st 1882

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} .....

*Age,* ..... *Years,* 4 1/2 *Months,* ..... *Days,*

~~*Color,*~~ White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 341 N. Eutaw St

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 21/82

*Undertaker,* .....

*Place of Business,* .....

C Winslow

R Winslow M. D.,

Medical Attendant.

*Address,* 201 W. Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

# Board of Health, City of Baltimore,

Permit No. 5-85-18 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Dillehay

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* — *Months,* — *Days,*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md

*Duration of Residence in the City of Baltimore,* 2a 4 yrs

*Place of Death,* {Give street and Number.} 272 N. Howard

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis

*Duration of Last Sickness,* 2 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 21 or

*Undertaker,* Gath & Son

*Place of Business,* 1130 Hennt St

Sherman Cotton M. D.,
Medical Attendant.

*Address,* 146 Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5

# Board of Health, City of Baltimore,

Permit No. 58519

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gabel Crosby

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 10 *Months,* 14 *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 106 N. Spring St.

*Cause of Death,* First, (Primary.) Tubercle

Second, (Immediate.) Tubercular Meningitis.

*Duration of Last Sickness,* five days

All the above information should be furnished by the Physician.

*Place of Burial,* Samuel Cemetery

*Date of Burial,* July 21st 1882

*Undertaker,* Wm H Madden

*Place of Business,* 76 East St

C. L. Parker M.D.,
Medical Attendant.

*Address,* 708 N. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Memoranda below, and on the reverse side of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58520 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sam'l A. Tilby

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* One *Months,* 17 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* None —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* about life

*Place of Death,* {Give street and Number.} 10 Josephine Str

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) — " Marasmus -

*Duration of Last Sickness,* nearly all to life

All the above information should be furnished by the Physician.

*Place of Burial,* New Jersey

*Date of Burial,* July 22nd 1882

*Undertaker* Andrews & Hodges

*Place of Business* 1064 X 6 Druid Hill Ave

G. A. Dohme M. D.,
Medical Attendant.

*Address,* 86 E. Fayette Str

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

12

Permit No. 58621

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kohlhepp

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 1 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 16 Baker St near Gorsuch

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) & Debility

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore burying

*Date of Burial,* 22 nd July 1882

*Undertaker,* J. A. Hohlhepp

*Place of Business,* 108 Hanover St.

Chas E Foote M.D.,

Medical Attendant.

*Address,* 815 Lemmon Street

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 55522 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE

*Date of Death,* July 19/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Boecknes

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower.~~* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany 39 yrs.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 105 S. Register

*Cause of Death,* First, (Primary,) Compound comminuted fracture of left Elbow & arm

Second, (Immediate,) Amputation of arm.

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 23 1882

*Undertaker,* M. A. Dager

*Place of Business,* 74 S. Broadway

R. W. Mansfield M. D.,
Medical Attendant.

*Address,* 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 8323.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5-5-23

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, withiu *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Elizabeth Dorsey

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* Six *Months,* Seventeen *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 238 Hughes

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 238 Hughes

*Cause of Death,* First, (Primary,) ____ Second, (Immediate,) Cholera Infantum

*Duration of last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted] Cemetery

*Date of Burial,* July 21

W. C. Sandrock — M. D.
Medical Attendant.

*Undertaker,* H Ross

*Place of Business,* [redacted] Monument St

*Address,* 227 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

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# Board of Health, City of Baltimore,

Permit No. 5-8-5-24 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Reid

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Builder

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Scotland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number.} 373 Lexington st

*Cause of death,* First, (Primary,)

Second, (Immediate,) Soft Stomach & Bowels

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 22d 1882

*Undertaker,* Henry W. Mears

*Place of Business,* 345 W. Pratt St

J H Latimer M. D., Medical Attendant.

*Address,* 23 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58526 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July the 20

*Full Name of Deceased,* {White legibly and spell correctly. If an Infant not named, give names of parents.} Adolph Gleissman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 6 ~~Years,~~ 6 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Back of Hull St 2d house from Forth ave

*Cause of Death,* First, (Primary,) Dentition

Second, (Immediate,) Asthma

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Catolick~~ St Alphonsus

*Date of Burial,* July the 21

*Undertaker,* G France

*Place of Business,*

..... *M. D.,*
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5526

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5526

HEALTH DEPARTMENT JUL 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Stacey.

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 11 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 225 Pierce St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Capillary Bronchitis

*Duration of last Sickness,* 16 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 22nd 82

*Undertaker,* Wm. Wesley & Son

*Place of Business,* 22 Charles St

L. W. C. Cuddy M. D.
Medical Attendant.

*Address,* 137 N. Carrollton Av.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore.

Permit No. 5827 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is respon-ible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E Ehrig

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 9 *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Belvedere St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) 3 weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western

*Date of Burial,* July 21st

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Av. Silas N Hunter M. D., Medical Attendant. Address, 36 Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9

# Board of Health, City of Baltimore,

*Permit No.* 58528

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Robinson

*Sex,* ~~*Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* Black

*Sex,*

*~~Married, Single,~~ Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* House Servant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 76 years

*Place of Death,* {Give street and number.} 36 Davis St

*Cause of Death,* First (Primary,) Paralysis

Second (Immediate,)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* E Pub Cem

*Date of Burial,* July 21

*Undertaker,* M Coleman

*Place of Business,*

F. G. Connolly M. D.
Medical Attendant.

*Address* Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 58529 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Rudolph

*Sex, Male ~~or~~ Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 6 *Months,* 17 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth ✓

*Place of Death,* {Give street and number.} 293 N Broadway

*Cause of death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto

*Date of Burial,* July 21

*Undertaker,* H Schluethers

*Place of Business,*

J. Ridgway Linden M. D.,
Medical Attendant.

*Address,* 124 E Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58530 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 22 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Harris

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* 1 *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 4 Fulmans Ct near S. Mount St

*Cause of Death,* First, (Primary,) Child was brought to the Dispensary on Monday 17th suffering from Bronchitis and what was probably undeveloped Diphtheria - Seen only once

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* July 22 1882

*Undertaker* Wilson Undertaker

*Place of Business,* No 62 E Balt St

Chas E Sadtler M. D.
Medical Attendant.

*Address,* University Dispensary

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58531 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Bias.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 38 *Years,* ..... *Months,* ..... *Days,*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give street and Number.} 15 Carlton St

*Cause of Death,* First, (Primary,) Pulmonary Consumption

Second, (Immediate,) "

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Loudel Cemetery

*Date of Burial,* July 23 1882

*Undertaker,* W Liam Burns

*Place of Business,* No 62 Eutaw St

Thos Opie M. D.,
Medical Attendant.

*Address,* 39 N. Carey

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...this Certificate.

# Board of Health, City of Baltimore.

Permit No. 58532 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Virginia Stall

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~~ *Years,* ~~~ 1 *Months,* 8 *Days.*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,* ~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 182 Mulligan st

*Cause of death,* First, (Primary,) Marasmus.

Second, (Immediate,)

*Duration of Last Sickness,* Since Birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Lemel Cemetery

*Date of Burial,* July 21 1882

*Undertaker,* William Mayo

*Place of Business,* No 62 East 7th

J. L. Gaw, *M. D.,* Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

1

# Board of Health, City of Baltimore,

Permit No. 58433

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sister Mary Liguori Fink

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

*Occupation,* School Sister de Notre Dame

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Buffalo N. Y.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } Conv de Notre Dame Hargrett St

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.) & Dropsy

*Duration of Last Sickness,* Came to this Institution free Grandma Cannot about three weeks ago for treatment

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsius Cem

*Date of Burial,* July 22 1882

*Undertaker,* Adam Fink

*Place of Business,* 461 W. Gay St

John L. Neumann M.D.,
Medical Attendant.

*Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58534 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine A Schott

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 76 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Bohemia

*Duration of Residence in the City of Baltimore,* 44 Years

*Place of Death,* { Give street and Number. } No 1 Abbott Street

*Cause of Death,* First, (Primary,) Apoplexy

Second, (Immediate,) Hemiplegia

*Duration of Last Sickness,* Four (4) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Johnsville Md

*Date of Burial,* July 22d 1882

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St

C. Lee Lehner M. D., Medical Attendant.

Address, 101 Eager Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58335 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Jones

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 14 *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 859 W Pratt St Balto

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and Number.} 859 W Pratt St

*Cause of Death,* First, (Primary,) Exhaustion

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 23

*Undertaker,* Geo H Rice

*Place of Business,* 847 W Pratt St

J. B. Brennan M. D.,
Medical Attendant.

*Address,* 231 N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 58536 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1902 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil Rentz

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* 8 *Months,* 8 *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt Co.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 52 S. Carey

*Cause of Death,* First, (Primary,) Peritonitis

Second, (Immediate,) Congest. Cerebro Spinal

*Duration of Last Sickness,* 6 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 23 July

*Undertaker,* John C Leech

*Place of Business,*

Louis (Ths. Louis M. D.,
Medical Attendant.

*Address,* 226 Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

14

Permit No. 58537

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolin Cornelia Johnson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* one *Months,* 10 *Days.*

*Color,* White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* From birth

*Place of Death,* {Give street and number.} N. 28 S. Gilton St

*Cause of Death,* First, (Primary.) Chronic Intestinal Irritation

Second, (Immediate.)

*Duration of Last Sickness,* About ten years

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* July 22nd 1882

*Undertaker,* Jas. G. Cook

*Place of Business,* No 707 N. Baltimore street

James Smith M.D.,
Medical Attendant.

*Address,* No 14 N. Paca St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...certificate.

# Board of Health, City of Baltimore,

Permit No. 58338 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruth Anderson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days,*

*Color,* Black

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give street and Number.} No 70 Marsh market space

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas [illegible]

*Date of Burial,* July [illegible] 1882

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* [illegible]

Geo. H. Emmert M. D.
~~Medical Attendant.~~
Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Henry McKewen

# Board of Health, City of Baltimore,

Permit No. 58559

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 27 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Sarah Adison

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 3 *Days.*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Born in Street

*Duration of Residence in the City of Baltimore,* 3 days

*Place of Death,* {Give street and number.} 161 W Lombard St

*Cause of Death,* First, (Primary.) .....

Second, (Immediate.) Eclampsia

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* E Balto Bur Cem

*Date of Burial,* July 29 1882

*Undertaker,* M C Kenna

*Place of Business,* .....

W Pue Lutrell M.D.,

Medical Attendant.

*Address,* 161 W Lombard St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58340 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Vogel

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* — *Months,* 12 *Days,*

*Color,* white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give street and Number.} No 49 Forrest St

*Cause of Death,* First, (Primary,) Cancer (Epithelioma faciei

Second, (Immediate,) Cachexia

*Duration of Last Sickness,* 9 years

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St Cemetery

*Date of Burial,* July 23d 1882

*Undertaker,* Wm Eitau

*Place of Business,* 101 Gough

Henry Lahey M. D.,
Medical Attendant.

*Address,* 163 Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 55341 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1892 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Rensberg

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 64 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 Years.

*Place of Death,* {Give street and Number.} 11 N. Eutaw St.

*Cause of Death,* First, (Primary,) Diabetes Mellitus

Second, (Immediate,) Gangrene Bronchial Catarrh-Scrotum

*Duration of Last Sickness,* Three Years

All the above information should be furnished by the Physician.

*Place of Burial* Richmond Va

*Date of Burial,* Sunday 23rd

*Undertaker,* John A. McCleary & Co

*Place of Business* 22 W Fay'ette St

A R Linden M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

# Board of Health, City of Baltimore,

Permit No. 18842

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 22d.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah King,

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* *Months,* *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Wife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Cecil Co Md.

*Duration of Residence in the City of Baltimore,* 50 yrs

*Place of Death,* {Give street and number.} 191 George St.

*Cause of Death,* First, (Primary.) Hepatitis

Second, (Immediate.) Hepatitis

*Duration of Last Sickness,* Two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Mont olive

*Date of Burial,* Monday 24

W P Morgan M.D.,
Medical Attendant.

*Undertaker,* C H Blizzard

*Place of Business,* Blizzard *Address,* 119 W. Monument St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58343 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph E Kent

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years~~, Seventeen *Months,* ~~Days~~

*Color,* Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Union St. City

*Duration of Residence in the City of Baltimore,* 17 months

*Place of Death,* {Give street and number.} No 1 Union St.

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Three weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* 22nd 1882

*Undertaker,* J. Wiegand

*Place of Business,* 466 Lexington Alley

F. B. Gardner M. D.,
Medical Attendant.

Address, 1202 N. Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 7 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5854

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 82—

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Rice

*Sex,* ~~Male~~ or *Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 10— *Months,* 2— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City— Md.

*Duration of Residence in the City of Baltimore,* Lifstime—

*Place of Death,* {Give street and number} #534 W. Washington St—

*Cause of Death* {First, (Primary.) Second, (Immediate,)} Erysipelas—Membranous Laryngitis Coma Nervo—

*Duration of last Sickness,* Two days

All the above Information should be furnished by the Physician.

*Place of Burial,* ~~Frederick Md~~

*Date of Burial,* July 23rd

*Undertaker,* George Schilling

*Place of Business,*

J. Russell Martenet M. D.
Medical Attendant.

*Address,* Bel Air Avenue near Washington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 58415

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Mary Dansker

~~Sex~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 17 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 161 W Lombard St Balt Md.

*Duration of Residence in the City of Baltimore,* 17 days

*Place of Death,* {Give street and number.} 161 W Lombard St.

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Inanition

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balto Pot Cemetery

*Date of Burial,* July 22d 1882

*Undertaker,* M. Coleman

*Place of Business,* .....

H Ollenstein M.D.,
Medical Attendant.

*Address,* 161 W Lombard St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...r of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58546 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanie Seerers.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 7 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 23 Shakspeare St.

*Cause of Death,* First, (Primary,) Difficult Dentition

Second, (Immediate,) accompanied by Cholera Infantum.

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Allegheny Co.

*Date of Burial,* July 22

John H. Kelbaugh M. D.,
Medical Attendant.

*Undertaker,* W. Dysard

*Place of Business,* 151 E Bowls

*Address,* 243 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 58547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. Marshall Shipley

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 3 *Months,* ____ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 40 Walnut Alley

*Duration of Residence in the City of Baltimore,* 3 mos.

*Place of Death,* {Give street and number} 22 Harris alley

*Cause of Death* {First, (Primary,) Cholera Infantum. Second, (Immediate,)

*Duration of last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurell Cemetary

*Date of Burial,* July 22 1882

Chas H Riley M. D.
Medical Attendant.

*Undertaker,* P. Kimmel

*Place of Business,* 917 Baltimore St

*Address,* 306 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

# Board of Health, City of Baltimore,

Permit No. 58548 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days,*

*Color,* W.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 32 yrs

*Place of Death,* {Give street and Number.} No. 41 N. Gilmore St

*Cause of Death,* First, (Primary,) I.

Second, (Immediate,) Phthisis Palmonalis

*Duration of Last Sickness,* Five Months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 23rd 1882

*Undertaker,* Mrs P. Kimmett

*Place of Business,* 317 Baltimore St

Chas. N. Neff M. D.,
Medical Attendant.

Address, 306 N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 88349 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Jan 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Watkins

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* about 53 *Years,* ~ *Months,* ~ *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimae, but left

*Duration of Residence in the City of Baltimore,* 13 days

*Place of Death,* {Give street and Number.} ~~East~~ 362 ~~Bolton St~~

*Cause of Death,* First, (Primary,) Softening of Brain

Second, (Immediate,)

*Duration of Last Sickness,* At least a year

All the above information should be furnished by the Physician.

*Place of Burial* Greenmount

*Date of Burial,* July 23d 1882

*Undertaker,* J E Conaghtle & Co

*Place of Business,* 320 Lemd.a (ave) *Address,* 262 Mead Ave

Elias le Price M. D.,
for Dr Hammond
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57550 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Gibbons

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* *Months,* *Days.*

*Color,* wht

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 256 Madison ave.

*Cause of death,* First, (Primary,) abdominis

Second, (Immediate,) Typhoid fever

*Duration of Last Sickness,* 2 years.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 23d 1882

*Undertaker,* J. E. McCaughtle

*Place of Business,* 320 Penna ave

G Lane Tanyhill M. D.,
Medical Attendant.

*Address,* 129 N Eddell

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58937 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Howard Lane

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 4 *Months,* 2 *Days.*

*Color,* wht

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 256 Madison ave

*Cause of death,* First, (Primary,)

Second, (Immediate,) meningitis

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 23d 1882

*Undertaker,* J. E. Hough & Co

*Place of Business,* 320 Penna Ave

G Lane Tanyhill M. D.,
Medical Attendant.

*Address,* 129 W Biddle

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 18552 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathias Streb

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 75 *Years,* 7 *Months,* 4 *Days,*

*Color,* Colour

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Plasterer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 31 years

*Place of Death,* {Give street and Number.} 246 E. Lanvale Street

*Cause of Death,* First, (Primary,) Senility - Retraction of pulmonic vesicles, thrombosis of pulmonic artery with infarction

Second, (Immediate,) Cerebral apoplexy

*Duration of Last Sickness,* — — — — —

All the above information should be furnished by the Physician.

*Place of Burial,* Ft. Mc Henry

*Date of Burial,* July 22, 1882.

*Undertaker,* Henry Hauf

*Place of Business,* 38 Hanover East

J. Wilson M. D., Medical Attendant.

*Address,* E. Eager cor Durbin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

# Board of Health, City of Baltimore, 6

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 18553

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 / 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia E. Monzs—

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 35 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ——————

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City — Md.

*Duration of Residence in the City of Baltimore,* Lifetime —

*Place of Death,* {Give street and number} 157 E Biddle, ch near Caroll

*Cause of Death* {First, (Primary,) Indigestion — (Bottle)

{Second, (Immediate,) Marasmus —

*Duration of last Sickness,* Four weeks —

All the above information should be furnished by the Physician.

*Place of Burial,* St Als Roman Cemetery

*Date of Burial,* July 22, 1882

*Undertaker,* Henry Kopf

*Place of Business,* 30 Eastern Ave

I. Tuell Martenet M. D.
Medical Attendant.

*Address,* Belair Avenue near Washington Sq

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 5885 54 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 / 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Presley Foley

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.} Male

*Age,* 39 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.} Married

*Occupation,* Clerk

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 664 Lexington St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

*Duration of Last Sickness,* 2 years

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* July 23 1882

*Undertaker,* H. Mackey

*Place of Business,* No 150 Camden Address, 39 N. Carey

Thomas Opie M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Board of Health, City of Baltimore,

Permit No. 58552 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 2 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st '82

*Full Name of Deceased* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sallie White

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} North Carolina

*Duration of Residence in the City of Baltimore,* Three weeks

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,) Septicaemia, from necrosis of jaw

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Littleton N. Carolina

*Date of Burial,* July 22d 1882

*Undertaker,* John Starcher

*Place of Business,* No 150 Camden

C. W. Mitchell M. D.,
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58556 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo J Marshall

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Miller

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 71 Fred ave

*Cause of Death,* First, (Primary,) Dysentery

Second, (Immediate.)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mont Olivet Cemetery

*Date of Burial,* July 22nd 1882

*Undertaker,* F B Cook

*Place of Business,* 707 West Fallsway

James T Bosley M. D., Medical Attendant.

*Address,* 319 Fallsway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Edward Wilson

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days.*

*Color,* Black *Sex,*

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Brick Moulder

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and number.} Between the Co of Pines & Penn & 58 Penn

*Cause of Death,* First (Primary,) Heart disease

Second (Immediate,)

*Duration of Last Sickness,* 4 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 22nd 1882

*Undertaker,* Chas. M. Chase

*Place of Business,* W. S. Howard St

H. G. Connolly M. D.

~~Medical Attendant.~~

*Address* Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

9

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 18555

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *completely filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph H Schove

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* School Boy

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give street and number.} In rear of 161 South St

*Cause of Death,* First (Primary,) Drowned.

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* July 22 1882

*Undertaker,* H Rentzinger

*Place of Business,* 71 Mulberry St *Address*

H. Conroy *M. D.*
Medical Attendant.

Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

29

# Board of Health, City of Baltimore,

Permit No. 5855

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE

*Date of Death,* July 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev Henry Hoffman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Clergyman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 283 Lanvale St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Consumption

*Duration of Last Sickness,* about 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* 24th July 1882

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 75 N. Charles St.

J. F. Jenkins M.D.,
Medical Attendant.

*Address,* 2 Cathedral

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of ... to this Certificate.

11

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 21, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie V. Wright

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 6 *Years,* — *Months,* — *Days.*

*Color,* White *Sex,* Male

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number.} N. 48 N. Madison St

*Cause of Death,* First (Primary,) ...

Second (Immediate,) Pneumonia and Valvular disease of the Heart

*Duration of Last Sickness,* do not know, I attended the last six days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 24th July 1882

W. P. Holmes, M. D.
Medical Attendant.

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 75 N. Charles St. *Address* 71 Franklin St.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 18561 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 2 1882 BALTIMORE.

*Date of Death,* July 21 ? 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nellie Frazier

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* 11 *Months,* — *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Italy

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } 158 S. Lombard

*Cause of Death,* First, (Primary,) Cholera infantum

Second, (Immediate,) Collapse

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* July 23/82

*Undertaker,* C Rossing

*Place of Business,* 196 E. Baltimore St.

F Futcher M. D.,
Medical Attendant.

*Address,* 241 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 58562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 21st, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Inv. Francis Armstrong

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ *Months,* 3 months *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 241 N. Eutaw St. Balto. Md.

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give street and number.} 241 N. Eutaw St. City

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,)

*Duration of Last Sickness,* Six weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem. J. K. Merrick M. D.

Medical Attendant.

*Date of Burial,* July 22d 1882

*Undertaker,* Wm. Weaver

*Place of Business,* No 202 N. Eutaw St *Address* 209 W Biddle St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 38563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1892 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Read

*~~Sex, Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 37 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Home

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give street and number} 226 D Fleet Alley

*Cause of Death* First, (Primary,) Phthisis

Second, (Immediate,) Hemorrhage

*Duration of last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Saint Lukes

*Date of Burial,* July 23 d

*Undertaker,* John Lucke

*Place of Business,* 24 S Wolfe

Chas H Ruby M. D.
Medical Attendant.

*Address,* 306 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

1876

# Board of Health, City of Baltimore,

Permit No. 22394 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Alt

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* 4 *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Watchman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 31 years

*Place of Death,* {Give street and Number.} 211 S. Washington St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumtion

*Duration of Last Sickness,* 7 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cemtary

*Date of Burial,* July 23d

*Undertaker,* M. Schuh

*Place of Business,* Alicanna St

Geo. N. Gibson M. D.,

~~Medical Attendant~~

*Address,* Cor. of Alt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 58565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 20 July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Rekp.

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 26 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 141 S. Wolf St.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

*Duration of last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Mont Carmel Cemetry

*Date of Burial,* July 25th 1882

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Anna st.

Jno. C. Bales M. D.
Medical Attendant.

*Address,* 152 S. Exeter St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 58566 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 8 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada F. Graham

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days.*

*Color,* white

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Albany N. York

*Duration of Residence in the City of Baltimore,* 17 yrs

*Place of Death,* {Give street and Number.} 410 E. Pratt St.

*Cause of Death,* First, (Primary,) Typhoid Malarial

Second, (Immediate,)

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* July 24th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway *Address,* 117 S Broadway

R. W. Mansfield M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} G Mac Brown

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 66 Dolphin

*Cause of Death* First, (Primary,) General Feebleness

Second, (Immediate,) Gastro-Enteritis

*Duration of last Sickness,* 3 Wks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* July 23 '82

Wm. O. Latimer M. D.
Medical Attendant.

*Undertaker,* Wm Weaver

*Place of Business,* 502 N Eutaw St *Address,* 187 W. Biddle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 58368 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 22, 1882 1.2 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Probert

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 6 *Days.*

*Color,* White, (German)

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 157. S Durham St

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 157. S. Durham St

*Cause of death,* First, (Primary,) Pneumonia

Second, (Immediate,) Eclampsia

*Duration of Last Sickness,* Three days. (Case yesterday)

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 23rd 82

*Undertaker,* G. Franc

*Place of Business,* Bonts & Wolf *Address,* 253 Eastern Ave

A. V. Gosvilet. M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2

# Board of Health, City of Baltimore,

Permit No. 58569

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 2 1882 BALTIMORE

*Date of Death,* July 21 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Edward Lambert

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* 2 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and number.} 274 Bank st

*Cause of Death,* First, (Primary.) Inanition

Second, (Immediate.)

*Duration of Last Sickness,* since born

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* July 23 1882

P. S. Lauch M.D.,
Medical Attendant.

*Undertaker,* G. Francis

*Place of Business,* Bonds & Wolf *Address,* 3 N. B'way

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 5870 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 22 1882 BALTIMORE

*Date of Death,* 21th. July 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Burke

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* 8 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give street and number.} 9 Registerstreet 29.

*Cause of death,* First, (Primary,) Insolatio

Second, (Immediate,) Meningitis acuta

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Johnsonian Cem

*Date of Burial,* July 23 1882

*Undertaker,* J. Tracy

*Place of Business,* Banks & Wolf *Address,* S. Wolfestr 117

William Henkel M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5835 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 22. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. R. Heesh

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* 4 days

*Place of Death,* {Give street and Number.} 1407 N Central ave.

*Cause of Death,* First, (Primary,) Premature Delivery 7½ mos (twins)

Second, (Immediate,) Eclampsia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial* Greenmount

*Date of Burial,* July 23 - 82

*Undertaker,* P. McGreevy Jr

*Place of Business.*

Geo. A. Hartman M. D.
Medical Attendant.

*Address,* 306 N. Caroline St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5857 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Physician's Certificate.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ruth Hare

*Sex,* ~~*Male or*~~ *Female,* { Cross out the word not required in this line. } Female

*Age,* Eighty One Years, Two Months, Thirteen Days.

*Color,* White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, { Cross out the word not required in this line. }

*Occupation,* Housewife

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto County

*Duration of Residence in the City of Baltimore,* Seventy five years

*Place of Death,* { Give street and Number. } 1152 Aisquith Street

*Cause of Death,* First, (Primary,) Cancer

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial* Mount Olivet

*Date of Burial,* July 24 1882

*Undertaker,* John W. Jackson

*Place of Business,* Cor E Gay & Cardnal

Andrew Ha Finan M. D., Medical Attendant.

*Address,* 1305 Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58573 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1882 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22- 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie M S- Jones

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* *Years,* 6 *Months,* 27 *Days,*

*Color,* B -

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } No 2- Chilton Ave

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 2- days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharps St Cemetery

*Date of Burial,* July 24th 1882

D. T. Jones M. D.,

Medical Attendant.

*Undertaker,* Wm. N. Jansen

*Place of Business,* No 62 East St- Address,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 58374 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1892 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams A. Eaton,

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* ..... *Years,* One *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City -

*Duration of Residence in the City of Baltimore,* During life ✓

*Place of Death,* {Give street and number.} 461 N Fremont St -

*Cause of death,* First, (Primary,) Gastro - Enteritis

Second, (Immediate,) Exhaustion -

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster

*Date of Burial,* July 25

*Undertaker,* C. Buzza

*Place of Business,* 198 Pennsylvania Ave

J. Rhodes M. D.,

Medical Attendant.

*Address,* 530 Fremont St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore, 1882

Permit No. 55575

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22, 1882

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Smith

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ——— *Years,* 3 *Months,* 19 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 154 N. Stricker

*Cause of Death,* First, (Primary,) Hooping Cough

Second, (Immediate,) Cholera Infantum

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 24

*Undertaker,* Moeth & Shields

*Place of Business,* 60 N Carrollton ave

J. Ino Hood M. D.
Medical Attendant.

*Address,* 322 Hollins

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 58576 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH JUL 23 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Huener

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 1 0 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} No 235 Canton Ave

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Three Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* July 24th 82

*Undertaker,* Geo. Gerber Sander & Son

*Place of Business,* 262 Canton Ave *Address,* 34 S. Howard St

J. Ford, *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 58577 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 23 1882
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 23

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Burkhorst

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 8 *Days,*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 485 Exeter St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Premature Birth

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 23

*Undertaker,* Mr Blotkamp

*Place of Business,*

Geo. H. Benson M. D.,
~~Medical Attendant.~~

*Address* Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 58378 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Peters,

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and Number.} 90 N. Amm St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* ten Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 26 1882

*Undertaker,* John Henrici

*Place of Business,* 952 W. Lewis St. *Address,* 95 Park Ave.

A. F. Erich M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 58579 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Hauta

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 58 S. Chapel st.

*Cause of death,* First, (Primary,) Pertusis

Second, (Immediate,) Pleurisy

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius Cemetery

*Date of Burial,* July 23 1882

*Undertaker,* John Heneig

*Place of Business,* 382 Orleans St

J. H. Lellenberg. M. D.,
Medical Attendant.

Address, 369 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore;

Permit No. 58580

*Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED
JUL 23 1982
BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* July 2. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Mary Baker

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 154 S. Madeira al.

*Cause of death,* First, (Primary,) Variola

Second, (Immediate,)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 28 82

*Undertaker,* Fred Gude

*Place of Business,* 626 S. Gardiner

J. H. Collenberg. M. D.,
Medical Attendant.

*Address,* 369 E. Baltimore St.

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**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5858

*Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

RECEIVED
JUL 23 1882
BALTIMORE, MD.

*Date of Death,* July 22 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Johnson

~~Sex, Male or Female,~~ { Cross out the word not required in this line. } Female

*Age,* 2 *Years,* 1 *Months,* —

*Color,* Colored

~~Married~~, *Single,* ~~Widow or Widower,~~ { Cross out the word not required in this line. }

*Occupation,* —

*Days,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } No 44 Strokholm st

*Cause of Death,* { First, (Primary,) Scrofula

Second, (Immediate,)

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp & Pennsylvania

*Date of Burial,* July 23

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

C. L. Cuddenbach M. D.,
Medical Attendant.

*Address,* 166 S Paca

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 58582 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 23 1882 BALTIMORE, MD.

*Date of Death,* July 22. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Gummer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 155 S. Madison al.

*Cause of death,* First, (Primary.) Croup,

Second, (Immediate.)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* July 24th 82

*Undertaker,* G. Frazer

*Place of Business,* Bartz & Wolf's

J. H. Colleuberg. M. D.,
Medical Attendant.

*Address,* 369 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58583 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter E. Brown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 22 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 114 Boyd St.

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* July 23' 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St

John Neff M. D.,
Medical Attendant.

*Address,* 304 Carrollton Ave

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 38584

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT
JUL 23 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22d, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. Adam

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Co., Md.

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give street and number.} 9 Holbert st

*Cause of Death,* First, (Primary.) Cerebral Congestions

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 23 d

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave

M. B. Billingslea M.D.,
Medical Attendant.

*Address,* (W) 256 E Preston st

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5 8 4 8 5 — *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 22 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Hoyt

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 28 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } Hollins Place

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* About 2 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* July 24th 1882.

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Bdwy. *Address,* Cor Hollins

E. B. Reese M. D.,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58386 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 23th July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Meathew McElroy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 88 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} (Ireland)

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Asylum of the Little Sisters of the Poor cor. Johns and Ealty Sts

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Paralyse

*Duration of Last Sickness,* three months

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cimetery

*Date of Burial,* 25 July 1882

*Undertaker,* Henry Schettheis

*Place of Business,*

..... M. D.,
Medical Attendant.

*Address,*

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 18587 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Friday July 22 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isidore Lang

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 8 *Months,* 26 *Days.*

*Color,* Caucasian

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and number.} 164 Saratoga Street

*Cause of death,* First, (Primary,) Malarial

Second, (Immediate,) Typhoid fever

*Duration of Last Sickness,* 5 days but previously Complaining

All the above information should be furnished by the Physician.

*Place of Burial,* Hill Pleasant Cemetery

*Date of Burial,* July 24

*Undertaker,* H. Eulau

*Place of Business,* 101 Lough & *Address,* 561 W Fayette st

Simmons Hoppe M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58388 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 24 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 23rd 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hackel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 66 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Shoemaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 Yrs.

*Place of Death,* {Give street and Number.} City Hospital

*Cause of Death,* First, (Primary,) Bright's Disease

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 24th 1882

*Undertaker,* Geo. Leimbach

*Place of Business,* 389 W. Pratt St.

T. Fraser Thomas M. D.,
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 58589 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 1882 BALTIMORE

*Date of Death,* July 23rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Eelly

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 66 *Years,* — *Months,* — *Days,*

*Color,* Colrd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Shoemaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and Number.} 607 Aisquith st

*Cause of Death,* First, (Primary,) Accident) fell from 3rd Story window

Second, (Immediate,) Cerebral Concussion

*Duration of Last Sickness,* Two hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* July 24 1882

*Undertaker,* Henry Heck

*Place of Business,* 309 Central ave

S. W. Shaw M. D.,
Medical Attendant.

Address, 1 E Lexington st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8590

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 8590

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 23rd 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George L. Parr.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 11 *Months,* 9 *Days.*

*Color,* White.

*~~Married~~, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number} 68 Barnes St.

*Cause of Death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,) Convulsions.

*Duration of last Sickness,* About 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* B. Westminster Cemetery

*Date of Burial,* July 24, 1882

*Undertaker,* Henry Hoch

*Place of Business,* 509 Central Ave

John F. White M. D.
Medical Attendant.

*Address,* 342 N. Broadway

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

12

# Board of Health, City of Baltimore,

Permit No. 5859

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~properly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 24 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 23d 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Reilley

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* —— *Days.*

*Color,* White

~~*Married,*~~ *Single,* *Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltro.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number.} St. Vincent's Infant Asylum.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Marasmus.

*Duration of Last Sickness,* 4 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 24

*Undertaker,* B. Hart

*Place of Business,* 82 West St.

R. H. Goldsmith M.D.,
Medical Attendant.

*Address,* Harlem Av. Calhoun

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 18672 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 23d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Staale

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, 7 Days, —

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 300 Hanover St.

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* 4 days.

All the above Information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* July 25th

*Undertaker,* B. Healy

*Place of Business,* 52 West St.

R. J. N. Talk M. D., Medical Attendant.

*Address,* 152 Shank St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 18373 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia J. Hodges

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 38 *Years,* 6 *Months,* 19 *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 165 S. Ann St.

*Cause of Death,* First, (Primary,) Pyaemia following an

Second, (Immediate,) abdominal abscess probably of Liver

*Duration of Last Sickness,* Six weeks.

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sunday July 24th

*Undertaker,* Jno. C. Pechin

*Place of Business,* 124 Eastern Ave

John H. Rehlaender M. D., Medical Attendant.

*Address,* # 243 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 58674 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George and Wilson,

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 47 *Years,* 7 *Months,* 27 *Days.*

*Color,* White,

*Married,* ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County, Md.

*Duration of Residence in the City of Baltimore,* 37 Years.

*Place of Death,* {Give street and number.} 366 N. Gilmor St.

*Cause of death,* First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,) Hemorrhage.

*Duration of Last Sickness,* 10 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* July 24th 1882

*Undertaker,* John Thacher

*Place of Business,* No 150 Eastern Ave

John A. Ahrens, M. D., Medical Attendant.

Address, 273 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 58576 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sunday July 24/92

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Lowenstein

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* ~~Since birth~~

*Place of Death,* {Give street and Number.} 12 E Pratt St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* July 24 92

*Undertaker,* John Finch

*Place of Business,* 24 S W Ave

H. G. Moyer M. D.,

Medical Attendant.

*Address,* 75 Stiles

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 18396 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 2 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* May 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bula, G. Woolen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 4 Months, 16 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Randall St 3rd door from Hanover

*Cause of death,* First, (Primary,) Gastritis

Second, (Immediate,)

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 25th 92

*Undertaker,* Julius Menzies

*Place of Business,* Hamburg & Stark *Address,* 15 E Hanover St

I. C. Burch M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {OVER.}

# 19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 22 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude B Towne

*Sex,* ~~Male~~ or *Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 2 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 215 N Fremont

*Cause of Death* {First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemy

*Date of Burial,* July 24 1882

E. W. Wilkinson M. D.
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette St *Address,* 121 W Mulberry St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5838 *Office of Registrar of Vital Statistics.* Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ada M. Rullman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 1 *Months,* 27 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bath

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 359 N Charles St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* July 25

Gerard Costa M. D.
Medical Attendant.

*Undertaker,* Rew & Ba[illegible]

*Place of Business,* 621½ W Balt St *Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 18399 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *absolutely filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. B. Latrobe Jr.

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* 36 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Attorney at Law

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt. City " "

*Duration of Residence in the City of Baltimore,* Always

*Place of Death,* { Give street and Number. } Corner Barr - Pulaski Sts

*Cause of Death,* First, (Primary,) Accidental drowning " 12

Second, (Immediate,) "

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* July 24. 1882

*Undertaker,* Hy. W. Jenkins & Son,

*Place of Business,* 7 N. Charles

L. McBee M. D.,

~~Medical Attendant.~~ Coroner

Address, 1161 E. Balto St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

13

# Board of Health, City of Baltimore,

Permit No. 17600

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 22, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Brown

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*or,* Colored

*ed, Single, Widow or Widower,* {Cross out the word not required in this line.}

*n,* None

*e,* {State or country, (and how long in the United States, if of foreign birth.} Washington D. C.

*of Residence in the City of Baltimore,* 17 years

*Death,* {Give street and number} 127 Vine st

*of Death,* First, (Primary,) Dysentery

Second, (Immediate,)

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 24th 1882

*Undertaker,* S. W. Chase

*Place of Business,* 198 S. Howard St

James Bowley M. D.
Medical Attendant.

*Address,* 319 Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore.

Permit No. 58601 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 23 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E Eagleton

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 4 *Years,* 7 *Months,* *Days,*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Philadelphia Pa

*Duration of Residence in the City of Baltimore,* 1 year

*Place of Death,* { Give street and Number. } N W Cor Fremont & Edmondson Ave

*Cause of Death,* First, (Primary,) Hydrocephalus

Second, (Immediate,)

*Duration of Last Sickness,* Whole life

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* July 24th 1882

*Undertaker,* H Lewis Schaub

*Place of Business,* 109 N Fremont

Thomas Opie M. D.,
Medical Attendant.

Address, 39 N. Carey St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [or]

Permit No. 5862

# Board of Health, City of Baltimore.

## Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 24th July 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lorenz Matzekinsky

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Posen Prussia, Germany 12 months

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } Thames St. 51.

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 25

*Undertaker,* W. Bissel

*Place of Business,* 151 Bond

William Kenel M. D.,
Medical Attendant.

*Address,* 2 Wolfert Alley

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 58603 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 23. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Virginia Hunt

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 4 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md. during life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 31 E. Biddle st

*Cause of Death,* First, (Primary,) Brain trouble (obscure)

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* 3½ days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Timothy

*Date of Burial,* July 24th

*Undertaker,* Adam Fink

*Place of Business,* 401 N. Gay st

Geo. A. Harlman M. D.
Medical Attendant.

*Address,* 403 N. Caroline st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# // Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 18604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 23 th July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Owings

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 4 *Years,* 2 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Howard Co. Md

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give street and number} 102 Park ave

*Cause of Death,* First, (Primary.) Malaria

Second, (Immediate.) Cont Brain Fever

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* July 24th 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 E. Balto St.

Thos Owings M. D.
Medical Attendant.

*Address,* 2 & Eden

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 58605

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 24 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 23d 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah T. Simpson

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* Seventy Five *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Own of Means

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Fifteen years.

*Place of Death,* {Give street and number.} 649. W. Fayette st.

*Cause of Death,* First, (Primary.) Rheumatism

Second, (Immediate.) Prostration

*Duration of Last Sickness,* Seven Months.

**All the above information should be furnished by the Physician.**

*Place of Burial,* New Cathedral Cem.

*Date of Burial,* July 25th 1882

Alfred M. Belt M.D.,
Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* Car Sharp & Lee

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the following Certificate.

# 16 Board of Health, City of Baltimore,

Permit No. 58666

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 2 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 7. 22. 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Barlow

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* Blk

*~~Married~~, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Waiter

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto Co

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* { Give street and number } 218 Dorcs

*Cause of Death* { First, (Primary,) Age
Second, (Immediate,)

*Duration of last Sickness,* Declining for past 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Sharps St Cemetery

*Date of Burial,* July 24th 1882

*Undertaker,* Wm J Gray

*Place of Business,* 65 Monument St

Dudley Eastman M. D.
Medical Attendant.

*Address,* 214 Lexington

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5867 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 2 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Williams

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* ... *Months,* ... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* ...

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give street and Number.} 18 Lee St

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* W Pub Cem

*Date of Burial,* July 24

*Undertaker,* F A Kerchner

*Place of Business,* ...

W S Booze *M. D.,* Medical Attendant

*Address,* 296 Stanhope

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# 19 Board of Health, City of Baltimore,

**Permit No.** 18608

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 21.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Fisher

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 7 *Months,* ~ *Days.*

*Color,* Col

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Parish alley.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 12 Parish alley

*Cause of Death* First, (Primary,) Consumption / Lungs:

Second, (Immediate,)

*Duration of last Sickness,* 3 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* W Pul

*Date of Burial,* Aug 24

*Undertaker,* F Akerchner

*Place of Business,*

G W Innes M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58609

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT BALTIMORE JUL 24 1882

## CERTIFICATE OF DEATH.

*Date of Death,* 23d July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Pearce

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 231 William St

*Cause of Death,* First, (Primary.) Hip Disease -

Second, (Immediate.) Exhaustion - Tubercular Meningitis

*Duration of Last Sickness,* 5 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Bolt Cemetery

*Date of Burial,* July 25 82

*Undertaker,* Amos & Denis

*Place of Business,* No 263 Light St

Augustus N. Todd M.D.,
Medical Attendant.

*Address,* 201 Hanover St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8610 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 2 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 22. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Adell Fay

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 0 *Months,* 7 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 12 Little Monument St

*Cause of death,* First, (Primary,) Infantile diarrhoea

Second, (Immediate,) —

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery.

*Date of Burial,* July 24th 1882

*Undertaker,* Wm H Reid Jr.

*Place of Business,* 9 N. Howard St.

A Lane Dauphin M. D.,
Medical Attendant.

*Address,* 129 W Biddle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness; or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 2 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 23 Th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William, Georg Dörr

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* 1 *Days.*

*Color,* white

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 341 Eastern Av.

*Cause of Death* First, (Primary,)

Second, (Immediate,) Small pox.

*Duration of last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cemetery

*Date of Burial,* July 24th 1882

Bob Smithson M. D.
Medical Attendant.

*Undertaker,* L. Katz

*Place of Business,* 22½ S. Broadway *Address,* 121 S. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 5862 Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 23d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Frances Jones

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} .....

*Age,* ..... *Years,* 3 *Months,* 2 6 *Days,*

*Colored* .....

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 87 East st

*Cause of Death,* First, (Primary,) Indigestion Diarhea

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* July 24th 1882

*Undertaker,* Wm Ed Denny

*Place of Business,* 62 East st

E. C. Baldwin M. D.,
Medical Attendant.

*Address,* 124 n Exeter st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38613 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Saturday July 22nd. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Henry Bart

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} 31 Sterling St

*Cause of death,* First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* One Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* July 24th 1882

*Undertaker,* Wm. P. Burger

*Place of Business,* 1362 East st

Wilmer Smith M. D.,
Medical Attendant.

*Address,* 25 [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5864 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, properly *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 2 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry E. Kearney

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days.*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} C

*Occupation,* C

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 39 Broadhill Avenue

*Cause of death,* First, (Primary,) [illegible]

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 25th.

*Undertaker,* Chas J Screen

*Place of Business,* 271 Eutaw St

H H Altaner M. D., Medical Attendant.

*Address,* 25 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 58615

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 24 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charline Grice Henderson.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* 2 *Days.*

*Color,* white

*Married, Single, ~~Widow or Widower.~~* {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth.

*Place of Death,* {Give street and number.} N.W. Corner of Bond and Chase Sts.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pheumonia typhosa.

*Duration of Last Sickness,* two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* July 25th 1882

*Undertaker,* John Tyler

*Place of Business,* 166 E Balto St

Rob. Smith jun. M.D.,
Medical Attendant.

*Address,* 121 N. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5816 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac L. Wilson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Huckster

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and Number.} S. W. Cor. Hanover & Camden Sts

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Congestion of Brain

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Martinsburg, W. Va.

*Date of Burial,* July 25

*Undertaker,* P. N. Ezell

*Place of Business,* 131 Hanover

Dr. A. Bell M. D.,
Medical Attendant

Coroner's Physician

*Address,* 101

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 58617

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

Ward /

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 24 2 1882 BALTIMORE

*Date of Death,* July 23d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Mueller

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 8 *Years,* 4 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} W. 180 Hadery Av

*Cause of death,* First, (Primary,) Intussusception /

Second, (Immediate,) Septicemia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 25th 82

*Undertaker,* A. Frame

*Place of Business,* Bonds & Wolf

L. Q. Wilemuk M. D., Medical Attendant.

*Address,* 125 Eden St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5861

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 24 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathew Trefille

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} 394 Alice Ann

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 2 weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Jul 25 1882

E. S. Williams M.D.,
**Medical Attendant.**

*Undertaker,* G. France

*Place of Business,* Davis & Wolf *Address,* 5 E Eutaw St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 18679 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 24 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Stepan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... 6 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} 53 Thames St.

*Cause of Death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,) .....

*Duration of Last Sickness,* Five Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* July 25th 82 } John H. Kellogg M. D.,

*Undertaker,* G. France } Medical Attendant.

*Place of Business,* Davis & Wolf } *Address,* 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# 12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5862 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Sawkins

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Machinist.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Union Protestant Infirmary

*Cause of Death* First, (Primary,) Dyspepsia

Second, (Immediate,) Loss of appetite

*Duration of last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* July 25th 1882

*Undertaker,* D. B. Cook

*Place of Business,* 707 W. Balto. St.

C. Fawcett *M. D.*
Medical Attendant.

*Address,* 92 Mosher St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

# 19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 25 1892
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 24/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. A. Andrews

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* 3 *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 93. Randall St

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 487 Glenn St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) ____

*Duration of last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Severn Station & P.O. Anne Arundel Co.

*Date of Burial,* July 25 1892

G. W. Ames M. D.
Medical Attendant.

*Undertaker,* Joseph B Cook

*Place of Business,* 707 West Butler Address, ____

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

Permit No. 58622 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bosley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 27 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Can Maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} # 25 6 Donnell St.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* H. Mar[illegible] cemetery near Govan Town

*Date of Burial,* July 25 1882

*Undertaker,* James P Byrne

*Place of Business,* # 63 N Front St

E. T. Jones M. D.,
Medical Attendant.

*Address,* # 375 E Betts St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore.

Permit No. 38623

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A Seine

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 15 *Months,* 24 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} Central Ave 72

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Day Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cemetery

*Date of Burial,* 25 of July 1882

*Undertaker,* Henry Hofmann

*Place of Business,* 63 Eden St.

John A Schultz M.D.,
Medical Attendant.

*Address,* N E Cor Gaylor Eden St

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 38624 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Garneng

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 2 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 5 Potomac Baltimore City

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give street and Number.} 5 Potomac St

*Cause of Death,* First, (Primary,) Measles

Second, (Immediate,) Bronchial Inflam

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsis Cemetery

*Date of Burial,* July 26th 1882 J. H. Martin M. D.

*Undertaker,* J. C. Schuh Medical Attendant.

*Place of Business,* 265 Alice Ann *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58625 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

58625

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 24/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred. S. Calder

*Sex,* Male ~~or Female~~, { Cross out the word not required in this line. }

*Age,* 20 *Years,* 10 *Months,* ..... *Days.*

*Color,* white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,* Paper Hanger

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* during life time

*Place of Death,* { Give street and Number. } 224 E. Balt St

*Cause of Death,* First, (Primary,) Typhoid fever

Second, (Immediate,) .....

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 26th 1882

*Undertaker,* Thos. S. Murphy

*Place of Business,* 60 E. Baltimore *Address,* .....

R. W. Mansfield M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58626

# Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 24th July 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Gebhard.

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 57 *Years,* 11 *Months,* [illegible] *Days.*

*Color,*

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 29 years

*Place of Death,* { Give street and number. } 6 Lemmert

*Cause of Death,* First, (Primary.) Cancer uterine (7 yrs.)

Second, (Immediate.)

*Duration of Last Sickness,* ab. ½ year

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cemetery

*Date of Burial,* July 26th 1882

*Undertaker,* Peter Frey

*Place of Business,* 91 Eden Alley

Medical Attendant. M.D.,

*Address,* [illegible]

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 58627 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora B. Banks

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 9 *Years,* *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

*Occupation,*

*Birthplace,* {State on country, and now long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and Number.} # 112 N Register St

*Cause of Death,* First, (Primary,) Small Pox

Second, (Immediate,) Consumption

*Duration of Last Sickness,* 7 Weeks

All the above information should be furnished by the Physician.

*Place of Burial* City Cemetery

*Date of Burial.* July 25 1882

*Undertaker,* Wm Coleman

*Place of Business,* City Hall

Geo. W. Jones M. D.,

Medical Attendant

*Address,* Cor. of Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Col. T. Fitzpatrick,

[OVER.]

Board of Health, City of Baltimore,

Permit No. 58628 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 24, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Henry Bailey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 11 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number.} 10, Jones Court. Below (illegible) Canton.

*Cause of death,* First, (Primary,)

Second, (Immediate,) Marasmus.

*Duration of Last Sickness,* One month.

All the above information should be furnished by the Physician.

*Place of Burial,* July 25th 1882

*Date of Burial,* Laurel Cemetery

*Undertaker,* Wm J Boyle

*Place of Business,* #173 Jefferson *Address,* 253 Eastern Ave.

N. V. Gourdin, *M. D.,* Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58629 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Ritter

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* 5 *Months,* 2 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} Nr. 6 China Alley

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 6 Wks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 25th 1882

*Undertaker,* Wm. J. Tickner

*Place of Business,* 136 Camden st

H. F. Hill M. D.,

Medical Attendant.

*Address,* 443 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 18630 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel G. Heeler

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } Male

*Age,* 47 *Years,* 3 *Months,* 18 *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. } Married

*Occupation,* Plumber

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } # 823 N Bond St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 26th

*Undertaker,* Geo Schilling

*Place of Business,*

J. E. Whitelford M. D., Medical Attendant.

*Address,* 195 Virginia St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 38631 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Casey

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 28 *Years,* — *Months,* — *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give street and Number.} #39 Douglass St

*Cause of Death,* First, (Primary,) Small Pox

Second, (Immediate,)

*Duration of Last Sickness,* 12 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 25th 82

*Undertaker,* Theo Poole

*Place of Business,* #53 Jefferson St.

Geo. N. Benson M. D., Medical Attendant.

*Address,* Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [illegible]

P. P. Fitzpatrick Register.

# Board of Health, City of Baltimore,

Permit No. 18632 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Ozmore

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 1 *Months,* 5 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and Number.} 8 Hull

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Inanition

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetary

*Date of Burial,* July 29

Forrest Firth M. D.,
Medical Attendant.

*Undertaker,* B. Mahy

*Place of Business,* 42 Worth *Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 18633 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 7. 22, 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie R Grimes

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 15 *Months,* — *Days,*

*Color,* Blk

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 15 mos

*Place of Death,* {Give street and Number.} 105 Ralph

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) ?

*Duration of Last Sickness,* ?

(My child was taken sick & she was dying)

All the above information should be furnished by the Physician.

*Place of Burial,* Levert Cemetery

*Date of Burial* July 25 1882

*Undertaker,* William N Lerue

*Place of Business,* No 62 East St

R. L. Eastman M. D.

Medical Attendant.

*Address,* 349

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 58634 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1892 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 24/92

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernhard Berger

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 10 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Belvidere Brewery

*Cause of death,* First, (Primary.) Tabes Mesenterica

Second, (Immediate,)

*Duration of Last Sickness,* weekly for several months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Auburn Cem.

*Date of Burial,* July 26 1892

*Undertaker,* Henry Hook

*Place of Business,* 706 N. Central Av *Address,* 256 N Eden St

F. A. Warner M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 28635 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Smith

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* C

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } W

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Dorchester Co Md

*Duration of Residence in the City of Baltimore,* abt 2 Yrs

*Place of Death,* { Give street and Number. } Hosp E J Hamilton Bet 5th & 6th

*Cause of Death,* First, (Primary,) Heart Disease

Second, (Immediate,) Sudden Death

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Carlin Springs

*Date of Burial,* July 25 1882

*Undertaker,* Chas Gadwitz

*Place of Business,* 25 Franklin St

Chas M. Mohr M. D.,

Coroner & Medical Attendant.

*Address,* 62 Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Permit No. 20636 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58636

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 25 / 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Landon

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* — *Years,* *Months,* 14 *Days.*

*Color,* ~~Col~~ White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* { Give street and Number. } 89 Moore Alley

*Cause of Death,* { First, (Primary,) Inanition

Second, (Immediate,)

*Duration of Last Sickness,* From birth

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* July 25 1882

*Undertaker,* Acky Hemsley

*Place of Business,* 116 Orchard St

H. Hilde. for F. B Gaudens M. D., Medical Attendant.

*Address,* 170 N Green St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 27637 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* July 25 '82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days,*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.} unknown

*Occupation,* Convict

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} unknown

*Duration of Residence in the City of Baltimore,* 9 Years

*Place of Death,* {Give street and Number.} Maryland Penitentiary

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Brights Kidney Disease

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* E Pub Cem

*Date of Burial,* July 25

*Undertaker,* W H Coleman

*Place of Business,*

A H Larkin + Silas Baldwin M. D.
Medical Attendant.

*Address,* 543 Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 58638 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 25 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Weil

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 7 *Months,* 10 *Days,*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States. If of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 461 Eastern Ave

*Cause of Death,* First, (Primary,) Cholera

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Seven 7 Days

All the above information should be furnished by the Physician.

*Place of Burial* Mount Carmel Cem

*Date of Burial* July 20th 1882

*Undertaker* G. Sander & Son

*Place of Business* 200 & 202 Eastern Ave.

Jas L Wilkes M. D.,
Medical Attendant.

*Address,* 461 E. Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 20639 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1892 BALTIMORE.

58639

# CERTIFICATE OF DEATH.

*Date of Death,* July 23rd 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Vivian Carr Ackame

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} Cor Park & Chestnut Sts

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis of heart

*Duration of Last Sickness,* 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* July 25th 1892

*Undertaker,* J. W. Adams

*Place of Business,* 198 S. Howard St

Wm B Purnell M. D.
Medical Attendant.

Address NE Cor Penn & Mulberry

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 78640 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Kanig

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Not Known

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany,

*Duration of Residence in the City of Baltimore,* 1 mo 8

*Place of Death,* {Give street and Number.} City Hospital.

*Cause of Death,* First, (Primary,) Meningitis Centro Spinal

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* Not known. (3 da in Hosp)

All the above information should be furnished by the Physician.

*Place of Burial,* E Bal Cem

*Date of Burial,* M Coleman

*Undertaker,* July 25th

*Place of Business,*

E. VanNote. M. D.,

Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 38641 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUL 25 2
1882
BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Middleton Scopinich

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Seven *Months,* 23 *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 214 Gough St.

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Marasmus.

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* July 25th 1882

*Undertaker,* N. A. Daiger

*Place of Business,* 74 S. Bond

Nicholas L. Dashiell M. D., Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

(Over)

Board of Health, City of Baltimore.

Permit No. 58642 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hays.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 17 *Months,* 17 *Days.*

*Color,* W. L.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 228 E. Fayette St

*Cause of death,* First, (Primary,) Dentition

Second, (Immediate,) Convulsions ✓

*Duration of Last Sickness,* 3 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem.

*Date of Burial,* July 26, 1882.

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Bdwy.

Dr Gutsh. M. D.,
Medical Attendant.

*Address,* 137 Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 58643 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Isaac Smith

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 15 *Years,* 10 *Months,* 2 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Printer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} New Orleans La

*Duration of Residence in the City of Baltimore,* 5 years.

*Place of Death,* {Give street and number.} 19 E. Lan. St

*Cause of death,* First, (Primary,) Typhy-Malarial Inflammation of

Second, (Immediate,) the bowels. Coffee ground vomit & Cramps

*Duration of Last Sickness,* 4 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 26 1882.

*Undertaker,* M. A Kaiger

*Place of Business,* 74 S. Bdwy.

Edward Rudow M. D.,
Medical Attendant.

*Address,* 84 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 58644 *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ettet Ertel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* 8 *Months,* 11 *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Tailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 37 yrs

*Place of Death,* {Give street and Number.} Back of 18 Cuba St. Locust Point

*Cause of Death,* First, (Primary,) Hypertrophy of the heart

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 26

*Undertaker,* B. Hall

*Place of Business,* 82 West St

Ed Bell M. D.,
Medical Attendant.

Address, 161 S. Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 2[illegible] *Office of Registrar of Vital Statistics.* W[illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

58645

HEALTH DEPARTMENT JUL 25 2( 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 25 ~ 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Linder

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* ~~[illegible]~~ *Years,* 4 *Months,* ~~[illegible]~~ *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 90 N. Chapel

*Cause of Death,* First, (Primary,) Cholera infantum

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* July 26 1882

*Undertaker,* G. Frame

*Place of Business,* Pants & Hoy *Address,* 245 S. Eutaw st

J. Flatten M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 58646 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *(filled out)*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUL 26 1882 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ignatius Noparzuk

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 6 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City,

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 281 Alice Anna St

*Cause of Death,* First, (Primary,) Diarrhoea

Second, (Immediate,) .....

*Duration of Last Sickness,* Five weeks.

All the above Information should be furnished by the Physician.

*Place of Burial,* St Thomas

*Date of Burial,* July 26th 82

*Undertaker,* G. Frame

*Place of Business,* Bank & Mo

John H. Lehlbach M. D. Medical Attendant.

Address, # 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Board of Health, City of Baltimore,

Permit No. 58647 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Fuchslocher

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 67 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Tailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 Years

*Place of Death,* {Give street and Number.} No 73 S. Durham St

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* July 27th 82

*Undertaker,* J. Frazier

*Place of Business,* 7 Dan'l & Wat Address,

H. Hyde M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58648

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE

*Date of Death,* July 25th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Green Razek.

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* [redacted] *Years,* [redacted] *Months,* 5 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} Univ. Md.

*Cause of Death,* First, (Primary.)

Second, (Immediate) Cholera Infantum.

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 26th 1882

*Undertaker,* Feamy & Whitelaw

*Place of Business,* 557 Fayette Address, Fayette & Pacaly

J. G. Wilkerson, M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, if the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5864 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Salzig.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 50 *Years,* *Months,* *Days,*

*Color,* White

~~*Married*~~, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bath Germany

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and Number.} No. 322 Canton Ave

*Cause of Death,* First, (Primary) Variola (Purpura Haemorrhagica)

Second, (Immediate,) Hemorrhage from Bladder

*Duration of Last Sickness,* 48 years 48 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonso Cem.

*Date of Burial.* July 26 1882

*Undertaker,* Leonard Ritz

*Place of Business,* 129½ S. Broadway

Thomas D. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5865 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 25 2 1882 BALTIMORE

*Date of Death,* July 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alma Frost

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~

*Occupation,* ~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 83 Fort avenue

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) "Meningitis"

*Duration of Last Sickness,* about Six days —

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn Carroll Co.

*Date of Burial,* July 26 1882

*Undertaker,* J B Cook

*Place of Business,* 707 W Balto St

H. R. McShane M. D., Medical Attendant.

*Address,* 582 Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 58651 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 25 2 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Weinsberg.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 44 Years, 5 Months, — Days.

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Confectioner

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bavaria

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give street and number.} 32 N. Central Avenue

*Cause of death,* First, (Primary,)

Second, (Immediate,) Peritonitis

*Duration of Last Sickness,* 2 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. James Cemetery

*Date of Burial,* July 26 1882

*Undertaker,* John Werner

*Place of Business* 382 Orleans St. *Address,* 137 Gilmore St.

A. A. Lyon M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Permit No. 58632 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hartmann

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 9 *Months,* 21 days *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} No 86 Harmoney Lane

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,)

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 26th

*Undertaker,* Armstrong & Sons

*Place of Business,* 263 Light St

O. L. Buddenbohn M. D.
Medical Attendant.

*Address,* 166 S. Paca St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

# 10 Board of Health, City of Baltimore,

Permit No. 58653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 2 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida name unfant Rosenberger

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* X *Years,* X *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X

*Occupation,* X

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* lefelime

*Place of Death,* {Give street and number} 64th Eutaw Street

*Cause of Death* { First, (Primary,) / Second, (Immediate,) } convulsions

*Duration of last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Newyork

*Date of Burial,* July 26th

*Undertaker,* Joseph Rosenberger

*Place of Business,* 64 North Eutaw

A Friedenwald M. D.
Medical Attendant.

*Address,* [redacted] Eutaw Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...NE & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 58654 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th 882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles C. Goodman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* ~~—~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 99 Fremont St Balto

*Duration of Residence in the City of Baltimore,* 14 Days

*Place of Death,* {Give street and number.} 57 Fremont St

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 26th 1882

*Undertaker,* Jno Theo Cudgen

*Place of Business,* 227 Mulberry St

H. H. Ware M. D.,
Medical Attendant.

*Address,* 185 Hoyett St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

State of Maryland, City of Baltimore,

Permit No. 38655 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 2 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 23. 8 P M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Brusel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~[illegible] Years,~~ 8 *Months,* *Days,*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} # 2 Bridle Alley

*Cause of Death,* First, (Primary,) Insufficient Nutrition

Second, (Immediate,)

*Duration of Last Sickness,* Has been ill all

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* July 26 1892

*Undertaker,* William Monroe

*Place of Business,* No 62 East St

Wm. Ruhr Hall M. D., Medical Attendant.

Address, [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5837 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia F. Knight

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* 24 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 30 Canton St

*Cause of Death,* First, (Primary,) Measles

Second, (Immediate,) "

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* July 26 1882

*Undertaker,* Henry Sander & Son

*Place of Business,* 252 Canton Ave

J. H. Martin M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

# Board of Health, City of Baltimore,

Permit No. 5865 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 26" 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schiek.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* 22 *Years,* ——— *Months,* ——— *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 203 S Chester St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Small Pox.

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cemetery

*Date of Burial,* July 26" 82

*Undertaker,* H Sanders & Son

*Place of Business,*

Geo. W. Dawson M. D.
Medical Attendant.

*Address,* Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. (OVER.)

Dr. F. Tolck

Board of Health, City of Baltimore,

Permit No. 5865 8

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 26 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 25 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrol Hall Robinson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number.} 359 N Charles

*Cause of Death,* First, (Primary.) Pleuro-Pneumonia

Second, (Immediate.) Phthisis Pulmonalis

*Duration of Last Sickness,* Four Months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 27. 1882

C B Gamble M.D.,
Medical Attendant.

*Undertaker,* Henry W. Jenkins Son

*Place of Business,* 70 E. Chase St. *Address,* 59 E Centre Street

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 8659

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 26 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Colley

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* — *Years,* Lud *Months,* — *Days.*

*Color,* Colored

*~~Married, Single, Widow~~ or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore Life

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 62 Melvin al

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 26th 1882

*Undertaker,* S P Chase

*Place of Business,* 198 E Howard st

D H Barclay M.D.,
Medical Attendant.
for Homoeopathic Dispensary
*Address,* 58 W Lemmon St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 26 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Ash

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* About 22 *Years,* *Months,* *Days.*

*Color,* dark *Sex,* female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Ordinary Servco

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore city, Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} Rabourg Street, Northeast

*Cause of Death,* First (Primary,) Malignant Typhoid fever

Second (Immediate,)

*Duration of Last Sickness,* About 3 or 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Marys St Cemetery

*Date of Burial,* July 26th 1882

*Undertaker,* B. W. Chase

*Place of Business,* 198 E. Fayette St

Edw. O. White M. D.
Medical Attendant.

Address 109 N. Chas St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

# Board of Health, City of Baltimore,

Permit No. 5866

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 25 1882

*Full Name of Deceased,* {White legibly and spell correctly. If an Infant not named, give names of parents.} John R. Parks

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Entire life

*Place of Death,* {Give street and number.} 13 Saland st

*Cause of Death,* First, (Primary.) .....

Second, (Immediate.) Cerebro Spinal Meningitis

*Duration of Last Sickness,* 48 hours

**All the above information should be furnished by the Physician.**

*Place of Burial,* Mount Olivet Cemetri

*Date of Burial,* July 26.

*Undertaker,* B Herle

*Place of Business,* 182 West St

O. D. Coe ..... *M.D.,*

**Medical Attendant.**

*Address,* 513 East St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leondas Coale

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Annapolis Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number} Washington St 2 door from Kaiser

*Cause of Death* First, (Primary,) Paralysis of heart

Second, (Immediate,)

*Duration of last Sickness,* Had paresis for some years and sick 18 Months very feeble and emaciated

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 27th

*Undertaker,* Geo. Schilling

*Place of Business,*

Thos J Simm M. D.
Medical Attendant.

*Address,* 270 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 5863 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 25th July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} H. E. Webster Bevan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 15 *Months,* ..... *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 460 E. Chase st

*Cause of death,* First, (Primary.) Scarlet Fever

Second, (Immediate,) Diphtheria & Cholera Infantum

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 27

*Undertaker,* Geo. Schilling

*Place of Business,* .....

W. W. Webster M. D.,
Medical Attendant.

*Address,* 57 Barney

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That no person shall bury or cause to be buried in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 58664 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Baker

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} No 16 Thurmans Alley

*Cause of Death,* First, (Primary,) Paralysis

Second, (Immediate,) Dropsy

*Duration of Last Sickness,* 4 days

All the above Information should be furnished by the Physician.

*Place of Burial,* St A Cemetery

*Date of Burial,* July 26th 82

*Undertaker,* G F Stones M. D.,

*Place of Business,* Stones & Mayo *Residence,* Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 18665 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Derr

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 0 *Years,* 0 *Months,* 14 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} 162 Thames St.

*Cause of Death,* First, (Primary,) Diarrhoea

Second, (Immediate,)

*Duration of Last Sickness,* Since Birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem.

*Date of Burial,* July 27th 82

John H. Kellberger M. D., Medical Attendant.

*Undertaker,* G. Frank

*Place of Business,* Davis & Wo[illegible] *Address,* 243 Aliceanna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

Permit No. 5866 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 25. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Hammond.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female.

*Age,* ~~ ~~ *Years,* 7 *Months,* 2 3 *Days*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Life time.

*Place of Death,* {Give street and Number.} 122 N. Spring st.

*Cause of Death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,) Inanition & Convulsions

*Duration of Last Sickness,* About 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* 6 Baltimore

*Date of Burial,* 26 July

*Undertaker,* Wm Coleman

*Place of Business,*

John Morrow M. D.
Medical Attendant.

*Address,* 238 S. Monument st N.E.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 58667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 25 /82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Hicks

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 50 *Years,* ——— *Months,* ——— *Days.*

*Color,* C

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Eastern Shore Md.

*Duration of Residence in the City of Baltimore,* 20 Years.

*Place of Death,* { Give street and number } Convent alley Anthony Bahin's

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.) ———

*Duration of last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Campfield Church

*Date of Burial,* July 26 1882

*Undertaker,* Robt Hemsley

*Place of Business,* 116 Exchange St.

G. W. Innes M. D.
Medical Attendant.

*Address,* ———

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 58668 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 26 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna K Smart

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 6 Months, 2 3 Days.

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 340 E Monument St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 27th 1882

*Undertaker,* Ely & Bro.

*Place of Business,* 81 N. Broadway

Geo. D. Emmert M.D.,
Medical Attendant.

*Address,* 73 E Pratt St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58669 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 28 1882 BALTIMORE

*Date of Death,* July 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Peter Swann

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 3 *Months,* 18 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X X X

*Occupation,* X X X

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Edenton N.C. Carline Co

*Duration of Residence in the City of Baltimore,* On a visit for one week

*Place of Death,* {Give street and Number.} 310 N. Donnell

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* since Thursday last

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cem.

*Date of Burial,* July 27th 1882

*Undertaker,* Thos. H. Hughes

*Place of Business,* Cor Balt & Exeter

James E Donnelly M.D. Medical Attendant.

Address, 299 E Balt. St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 2867 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas B. Payne

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 4 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Brooklyn N. York

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and number.} 249 S. Durham St.

*Cause of death,* First, (Primary,) Scarlatina anginosa

Second, (Immediate,) ~~2 days~~

*Duration of Last Sickness,* Four days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 26 1882

*Undertaker,* Thos. L. Hughes

*Place of Business,* 60 W. Fallo St. *Address,* 801 S. Broadway

Jno. S. Lemuel M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 38691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 25 =

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza A Gross

*Sex, ~~Male~~ or Female,* { cross out the word not required in this line. }

*Age,* 77 *Years,* *Months,* *Days.*

*Color,* White

*~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* many years 45 Years

*Place of Death,* { Give street and number } Church Home & Infirmary N Broadway

*Cause of Death* { First, (Primary,) Cancer Uterus 1 mo
Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* July 27. 1882

*Undertaker,* M. A Dager

*Place of Business,* 94 S. Broadway

F. H. Thau M. D.
Medical Attendant.

*Address,* Church Home & Infirmary N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 25. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emeline S. Bowen,

*Sex, Male or Female,* {Cross out the word not required in this line.} F.

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* white *Sex,* F.

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State nr country (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Living Life

*Place of Death,* {Give street and number.} 270 Gough St

*Cause of Death,* First (Primary,) Pelvic Abscess

Second (Immediate,) Asthenia

*Duration of Last Sickness,* 7 mos

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* July 27th 1882

J. L. Ingle M. D.
Medical Attendant.

*Undertaker,* Denny & Mitchell *Address* 247 Saratoga St

*Place of Business,* 65 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special Attention of Physicians is respectfully invited to the remarks below. [illegible] of this certificate.

20

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18673

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. Smith

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 41 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Painter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} S. Carolina

*Duration of Residence in the City of Baltimore,* Ten years

*Place of Death,* {Give street and number} Union Protestant Infirmary

*Cause of Death* {First, (Primary,) Consumption

{Second, (Immediate,)

*Duration of last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* July 27/82

*Undertaker,* Armstrong & Lenny

*Place of Business,* 263 Eight St

C. Fawcett M. D.
Medical Attendant.

*Address,* 92 Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[G[illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 58794 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUL 27 1882

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Francis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 3 — W Lee St

*Cause of Death,* First, (Primary,) Rachitis

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 26th 1882

*Undertaker,* Adam Fink

*Place of Business,* 416 N. Gay St

J H Emmis M. D., Medical Attendant.

*Address,* 259 Maryland Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 58675

OFFICE OF REGISTRAR OF VITAL STATISTICS,

The Physician who attended any person in a last illness is responsible for the presentation of this Permit, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas R Woodward

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* (72) 72 *Years,* 1 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,* Keeper of a Livery Stable

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number} 36 S. Eutaw St. East

*Cause of Death* First, (Primary.) Paralysis of right side

Second, (Immediate.) Congestive Chill

*Duration of last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 27th 1882

*Undertaker,* John Thacker

*Place of Business,* 16 & 18 Camden St

Jos. E. Chaille M. D.
Medical Attendant.

*Address,* 36 S. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 5-8676 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible], if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 24th 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Ann Murray

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 70 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Widow

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* { Give street and Number. } 23 Valley St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Burial debility -

*Duration of Last Sickness,* 3 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 25

*Undertaker,* Jos A Byrne

*Place of Business,* 6 E Lexington Address,

Wm. Forbes Burke M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

**Permit No.** 58697

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *already filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud Story

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* / *Years,* / *Months,* 11 *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 18 Raborg St

*Cause of Death* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of last Sickness,* During Life

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 27th 1882

*Undertaker,* G. Frank Loane

*Place of Business,* 654 W. Balto St

J. Mc Howard M. D.
Medical Attendant.

*Address,* 322 Hollins St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 8678

*Office of Registrar of Vital Statistics,*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 26 1882 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* July 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Layman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* 12 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 24 E Lafayette Ave

*Cause of Death,* First, (Primary.) Hydrocephalus

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 12 Days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Western Cemetery

*Date of Burial,* July 27

*Undertaker,* Joseph B Cook

*Place of Business,* 707 West Baltimore

A. McGoldrick M.D.,
Medical Attendant.

*Address,* 348 W. Lombard

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 58679

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Corcoran Butler

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* ..... 10 *Months,* ..... 3 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and number.} No 48 E. Pratt N. W. Cor. High st.

*Cause of Death,* First, (Primary.) Cholera infantum

Second, (Immediate.)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 26 1882

*Undertaker,* E P Byrne

*Place of Business,*

D. G. Daniel, M.D.
Medical Attendant.

*Address,* 3 N. B'way

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 6

Permit No. 58680 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs J Bracey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 87 *Years,* — *Months,* — *Days.*

*Color,* W

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* [illegible]

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 140 Orleans St

*Cause of Death,* First, (Primary.) 3 Suicide - Laudanum

Second, (Immediate.) 3 Poisoning

*Duration of Last Sickness,* abt 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* July 27th 1882

*Undertaker,* Eby & Bro.

*Place of Business,* 81 N. Gilmor *Address,* 67 Exeter St

[illegible] M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 30681 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 12 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Jones

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* Black

~~*Married, Single,*~~ *Widow* ~~or Widower.~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Va, Marys, Comty Md

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give street and Number.} 153 E Dunham st

*Cause of Death,* First. (Primary,) Apoplexy

Second. (Immediate,) Paralysis

*Duration of Last Sickness,* 10 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* July 27 82

*Undertaker,* Geo Locks

*Place of Business,* Jefferson & Spring St

W. L. Russell M. D.,
Medical Attendant.

*Address,* 238 n Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE.

Permit No. 38682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 26. th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Holland

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, One Months, Seven Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number} 212 E Madison St.

Cause of Death { First, (Primary,) Inflammation of Lungs. Second, (Immediate,) Croup.

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician. D. C. Ireland M. D. Medical Attendant.

Place of Burial, Green Mount

Date of Burial, July 27th

Undertaker, Geo Schilling

Place of Business, 190 Aisquith

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 58683 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Heimerdinger

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 68 *Years,* — *Months,* — *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* — — — —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 47 Years

*Place of Death,* {Give street and Number.} 729 E. Baltimore St.

*Cause of Death,* First, (Primary,) Apoplexy Hemiplegia left side

Second, (Immediate,) Coma

*Duration of Last Sickness,* Two (2) Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Lloyd St. Cemetery

*Date of Burial,* July 27th 1882

*Undertaker,* Wm. Silver

*Place of Business,* 101 Gough St.

C. W. Glover M. D., Medical Attendant.

Address, 707 E. Eager St. Baltimore

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58684 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Magaretta Betzenberger

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* 7 *Months,* 25 *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* House Keeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* about 15 years.

*Place of Death,* {Give street and number.} 69 Penna. Avenue.

*Cause of death,* First, (Primary,) Disease of the Heart. Mitral Valves.

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* 4 month ?

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 27

*Undertaker,* Walter Immel

*Place of Business,* 315 West Biddle

T. Buckler, M. D., Medical Attendant.

Address, 530 Penna Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58685 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ele Ernestina Paulina Klauer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* In the Union Fire Works

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 14 Years

*Place of Death,* {Give street and Number.} 236 S Durham

*Cause of Death,* First, (Primary,) Cholera Morbus

Second, (Immediate,)

*Duration of Last Sickness,* About 10 Days in all - called in on Friday

All the above information should be furnished by the Physician.

*Place of Burial* Trinity Church Cem'y

*Date of Burial,* July 28th 1882

*Undertaker,* Peter Frey

*Place of Business,* 91 Eutaw Av

James E Ensor M.D. Medical Attendant.

*Address,* 299 Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 38686 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 26, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Clarie Price

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 5 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Entirely

*Place of Death,* {Give street and Number.} S. E. Cor. Madison & Broadway

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial* Aloudon Harford Co. Md

*Date of Burial,* July 28 1882

Geo H Jarboe M. D.,

*Undertaker,* John W Jackson — Medical Attendant.

*Place of Business,* Cor Fay & Cordelia *Address,* 222 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 7

Permit No. 5867 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Speigle

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Sailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} St Josephs Hospital

*Cause of death,* First, (Primary,) Consumption

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Ft McHenry Lot

*Date of Burial,* July 27 /82

*Undertaker,* A Gaither

*Place of Business,* Monument & Laurens

S. O. G. Hoffman M. D.,
Medical Attendant.

*Address,* St Josephs Hosp

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 58688 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Emma Wilson

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* Six Months ~~Years,~~ ~~Months,~~ *Days,*

*Color,* Negro

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* Six Months

*Place of Death,* { Give street and Number. } No 11 Jordan Alley

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* three weeks

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* July 27 1882

*Undertaker,* H Ross

*Place of Business,* 75 Conway St *Address,*

J M Lee per H. A. M. D.

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# // Board of Health, City of Baltimore,

Permit No. 58689

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
SEP 27
1882
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 25 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Cowan

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 19 *Years,* 2 *Months,* 25 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Union Protestant Infirmary

*Cause of Death* { First, (Primary,) Consumption
Second, (Immediate,)

*Duration of last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Ballo cem

*Date of Burial,* July 28 8

*Undertaker,* C. H. Blizzard

*Place of Business,* 198 Penna ave

C. Fawcett M. D.
Medical Attendant.

*Address,* 92 Worden St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5869

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 26 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura P. Davis

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 19 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married,~~ Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* House Keeper

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Va

*Duration of Residence in the City of Baltimore,* 14 Years

*Place of Death,* { Give street and number. } 176 Montgomery St

*Cause of Death,* { First, (Primary.) Malarial Fever

Second, (Immediate.)

*Duration of Last Sickness,* 9 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* July 27

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light

H. B. Swell M.D.,
Medical Attendant.

*Address,* 56 Warren ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58691

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 27 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mittnacht

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 35 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give street and number} 22 S. Whitcoat st

*Cause of Death,* First, (Primary.) Intemperance

Second, (Immediate,) Cholera Infantis

*Duration of last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 27

*Undertaker,*

*Place of Business,* 24 [illegible]

G. W. Jones M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 5869 2 — *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 26th. July 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Ehniel

*Sex, Male ~~or~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* — *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During lifetime

*Place of Death,* {Give street and number.} S. Dallas street 28.

*Cause of death,* First, (Primary,) Furunculosis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Matthews

*Date of Burial,* July 28.

*Undertaker,* F. Ehniel

*Place of Business,*

William Jenkel M. D.,
Medical Attendant.

*Address,* S. Wolfe st. 117

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 18673 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ortha Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* ..... *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 63 S. Dallas St.

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 14 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas St. Cemetery

*Date of Burial,* July 27th 1882

*Undertaker,* Chas J. Locke

*Place of Business,* 113 Jefferson St

D. Gist M. D.,

Medical Attendant.

*Address,* —

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

18

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bumhardt, Piffer.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 45. *Years,* 9 *Months,* 28 *Days.*

*Color,* White *Sex,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Superintendent of Tobacco Works.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Bravaria

*Duration of Residence in the City of Baltimore,* Forty two years

*Place of Death,* {Give street and number.} 118 Leadenhall St.

*Cause of Death,* {First (Primary,) Meningitis Cerebral ✓ Second (Immediate,)

*Duration of Last Sickness,* Nine days

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetry

*Date of Burial,* July 28th

*Undertaker,* H Bricker

*Place of Business,* Harrietta St 81

F. T. Miles M. D.
Medical Attendant.

*Address* 24 Cathedral St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Health Department, City of Baltimore.

Permit No. 58695 *Office of Registrar of Vital Statistics.* Ward 11,

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 25 '82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Charles

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days.*

*Color,* W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Edinburgh

*Duration of Residence in the City of Baltimore,* 6½ yrs

*Place of Death,* {Give street and number.} 41 Fawn Gorge St

*Cause of death,* First, (Primary,)

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* 4 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 27/82

*Undertaker,* STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

*Place of Business,*

J. H. Latimer M. D.,
Medical Attendant.

*Address,* 23 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5'8696 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac L. Stewart

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 4 *Days.*

*Color,* B

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bay View, Baltimore

*~~Duration of Residence in the City of Baltimore~~,*

*Place of Death,* {Give street and Number.} 43 Moore Ave

*Cause of Death,* First, (Primary,) Entero Colitis

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 27

*Undertaker,* Lethbridge & Son

*Place of Business,*

William Lee M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Board of Health, City of Baltimore,

Permit No. 5879 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 26 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Donegoole

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Salesman

*Birthplace,* {State on country, and now long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 2 Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* St Vincents

*Date of Burial,* July 27

*Undertaker,* A. W. Mears

*Place of Business,* 45 N Gay St

F. Nash M. D.,
Medical Attendant.

Address, University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 38698

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so much if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis A. Prevost

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 63 *Years,* 5 *Months,* 27 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Clerk of Superior Court of Balto. City

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* All of Life

*Place of Death,* {Give street and number.} St. Vincents Hospital Opposite Boston St.

*Cause of Death,* First, (Primary.) Atypic Spirillum

Second, (Immediate.) Effusion of Serum at base of Brain

*Duration of Last Sickness,* 3 Years, Confined to house 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* July 28th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette St *Address,* 431 Lemmon Lane

J. B. Morrison M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 58699 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kerns

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* 12 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt Co Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 121 Beach Alley

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) do

*Duration of Last Sickness,* Three Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemy

*Date of Burial,* July 28

*Undertaker,* C. F. Kraus

*Place of Business,* Hanover St

L. A. Bell M. D.,
Medical Attendant.

*Address,* 161 S. Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 1882

*Permit No.* 28700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Ford

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* ~ *Years,* 7 *Months,* ~ *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Whatcoat St. 19

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 63 Whatcoat

*Cause of Death,* { First, (Primary.) Cholera Infantum

{ Second, (Immediate.)

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp Street

*Date of Burial,* July 28

*Undertaker,* Alex Heemeley

*Place of Business,* 116 Orchard St *Address,*

G. H. St. Amis M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, race and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5870 1

HEALTH DEPARTMENT
JUL 27
1882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Suddsmith

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} Chester St. near Gay

*Cause of Death,* First, (Primary.) Cholera Infantum.

Second, (Immediate,)

*Duration of last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* July 28. 1882

W. W. White M. D.
Medical Attendant.

*Undertaker,* H. Hartman

*Place of Business,* [illegible] Address, 347 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

Permit No. 58702 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudolph Berger

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 1 *Months,* 16 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} No 182 Barre

*Cause of Death,* First, (Primary,) Spasms

Second, (Immediate,)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 28 1882

*Undertaker,* H. Brick

*Place of Business,* Franklin 81

C. L. Cobb M. D.
Medical Attendant.

*Address,* 166 E. Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 58703 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH JUL 27 1888 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 26th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mary

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} 19 12 Amistad Sans

*Cause of death,* First, (Primary,) Cancer of Rectum

Second, (Immediate,)

*Duration of Last Sickness,* 5 years

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* July 28 1888

*Undertaker,* C F Krauss

*Place of Business,* 209 Howard *Address,* 15 N Howard St

J C Busch *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 38704 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 2[illegible] 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Hamilton

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Eighty *Years,* Three *Months,* —— *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Forty years

*Place of Death,* {Give street and Number.} 502 [illegible] Franklin St

*Cause of Death,* First, (Primary,) old age

Second, (Immediate,)

*Duration of Last Sickness,* ——

All the above information should be furnished by the Physician.

*Place of Burial* New Cathedral Cemetery

*Date of Burial,* July 28

*Undertaker,* Joseph B Cook

*Place of Business,* 70 West Baltimore *Address,*

D. G. Smithcum M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 38705 *Office of Registrar of Vital Statistics.* Ward 18

The Physicinn who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Kiehl

*Sex,* Male or ~~Female~~, { Cross out the word not required in this line. }

*Age,* ——— Years, Three Months, ——— Days.

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,* ———

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Md. Since Birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 843 W. Lombard St

*Cause of Death,* First, (Primary,) Laryngitis

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial* St Alphonsus cemetery

*Date of Burial,* July 28th 1882

*Undertaker,* { *Place of Business,* 707 W. Balto St } *Address,* 584 W Baltimore St

G. Luthcamp, M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# 19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 7-26-82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Williams

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days.*

*Color,* cd

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 5 mos

*Place of Death,* {Give street and number} 55 Vincent ave

*Cause of Death* {First, (Primary,) Dont Know - This woman says she brought this child to my office two weeks since, but I cannot remember

{Second, (Immediate,)

*Duration of last Sickness,* this Case

All the above information should be furnished by the Physician.

*Place of Burial,* Shorpe St Cemetery

*Date of Burial,* July 27 1882

*Undertaker,* Wilson & Jones

*Place of Business,* No 62 East Street

Ellen Eastman M. D.
Medical Attendant.

*Address,* 319 Lee

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

22 5870 7

**Permit No.** .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALEX. SMITH & SON 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 27 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Scroggin

*Sex, Male or Female,* {cross out the word not required in this line.} M

*Age,* 1 *Years,* 4 *Months,* ..... *Days.*

*Color,* African

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} "

*Occupation,* "

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City Lifetime

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 13 Sheldon Alley

*Cause of Death* {First, (Primary,) Marasmus

Second, (Immediate,) .....

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shorpe St Cemetery

*Date of Burial,* Jan 28 1882

*Undertaker,* William Monger

*Place of Business,* No 62 East Street *Address,* 249 Canton Av

W. K. Sellman — M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 5-8708 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 27 1882 at 3 A. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hoesch

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 2 *Months,* 19 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 89 s Chappel str

*Cause of death,* First, (Primary,) ~~Typhoid Fever~~ Croup.

Second, (Immediate,)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 29th 82

*Undertaker,* G. Frame

*Place of Business,* Bantz & Wolf *Address,* 160 Saratoga street

John J. Litzer M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 38787 *Office of Registrar of Vital Statistics.* Ward ✓

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Bell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 41 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* ✓

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 19 Hill St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon

*Date of Burial,* July 29th 82

*Undertaker,* Penance

*Place of Business,* Bank & Eutaw Sts.

M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 58716 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Grosch

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 1 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 1612 S Durham St

*Cause of Death,* First, (Primary,) Dysentery

Second, (Immediate,)

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas

*Date of Burial,* July 29th 1892

*Undertaker,* G. Francis

*Place of Business,* 1 Gorsuch & Wo *Address,* 212 Gorsuch

P. Grady, M. D., Medical Attendant.

McKeever

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore, 2

Permit No. 5-8711 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Pojinska

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* 14 *Days,*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 250 S. Bethel St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* July 28th 82

*Undertaker,* J. G. Frazer

*Place of Business,* Bank & Wolfe

John H. Kelberyer M. D., Medical Attendant.

Address, 243 Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# 15 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 27. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Fair

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* 7 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 226 Hughes st.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Marasmus

*Duration of last Sickness,* about two months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* July 28th 1882

W. C. Sandrock M. D.
Medical Attendant.

*Undertaker,* Wm J. Tickner

*Place of Business,* 136 Camden st *Address,* 227 Hanover st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 58713 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 28 2 1882 BALTIMORE

*Date of Death,* July 27, 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Helfrick Schott

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 71 *Years,* 5 *Months,* ~~7~~ 23 *Days,*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* { Cross out the word not required in this line. }

*Occupation,* Baker

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 33 Years

*Place of Death,* { Give street and Number. } 239 Light

*Cause of Death,* First, (Primary,) old age

Second, (Immediate,) Diarhea

*Duration of Last Sickness,* 6 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Bolton Cemetery

*Date of Burial,* July 28th

*Undertaker,* Kane & Burtell

*Place of Business,* 62 W Balto St

Lordine Codd M. D., Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 18714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL. 28 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Martin

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 16 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 554 W. Gay St.

*Cause of Death,* First, (Primary,) Typhoid Fever.

Second, (Immediate,)

*Duration of last Sickness,* About One week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 29th

*Undertaker,* Forge Shilling

*Place of Business,* Monument Square Address, 547 N. Broadway

W. W. White M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 5-8715 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 27, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Spm. H. Masson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* 17 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and number.} 491 E. Eager St.

*Cause of death,* First, (Primary,) Croup

Second, (Immediate,) ~~Croup~~ Paralysis

*Duration of Last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 28/82

*Undertaker,* Fay & Bro.

*Place of Business,* #81 N. Broadway

W. W. Keen M. D.,
Medical Attendant.

*Address,* 917 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 18716 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Straus

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 49 *Years,* 7 *Months,* ~~Days.~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Merchant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and number.} 206 Caroltton Av

*Cause of death,* First, (Primary,) Calcareous degeneration of the arteries

Second, (Immediate,) Gangrene of the lower extremities

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Parkton Harford County

*Date of Burial,* July 28th 1882

*Undertaker,* Hollander Sons

*Place of Business,* 77 W Pratt

A. Aronsohn M. D.,
Medical Attendant.

*Address,* 145 Eighth St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of ~~illegitimate~~ children. {over}

Permit No. 58717 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 28 1882 BALTIMORE

*Date of Death,* July 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Townsend

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 18 *Months,* 6 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 18 Months

*Place of Death,* {Give street and number.} 139 S. Stricker

*Cause of death,* First, (Primary,) Intestinal Inflammation

Second, (Immediate,)

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park cemetery

*Date of Burial,* July 28th 1882

*Undertaker,* Geo. R. Clark

*Place of Business,* No 707 W. Baltimore Street

Arch. S. Holliday M. D.,
Medical Attendant.

*Address,* Carroll P.O. Balto. Co

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 58118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JUL 28 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry King

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} B. C. Fiji

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 501 Gasatra St

*Cause of Death* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 7 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* July 29th 1882

*Undertaker,* Jas R. Cook

*Place of Business,* No 707 W Baltimore Street

J Harvey Still M. D.
Medical Attendant.

*Address,* 119 Edmondson Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 28 1882
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 27, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lula Stevens

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 19 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Two years

*Place of Death,* {Give street and number} 69 & W Pratt st

*Cause of Death* { First, (Primary,) Puerperal Convulsions
, Second, (Immediate,) .....

*Duration of last Sickness,* 15 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Hampton cemetery

*Date of Burial,* July 28th 1882

*Undertaker,* Jos H Cook

*Place of Business,* No 707 W Baltimore street

James Taylor M. D.
Medical Attendant.

*Address,* 319 Baltimore st

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58720 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 28 1902 BALTIMORE

*Date of Death,* July 28th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Lunn.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number.} 39 Marion St.

*Cause of Death,* First, (Primary.) .....

Second, (Immediate.) Cerebral Meningitis.

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 28

*Undertaker,* H. W. Jenkins & Co.

*Place of Business,* .....

J. G. Wilkins, *M.D.,*
Medical Attendant.

*Address,* Fayette & Pearl Sts.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5872 / *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 26th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Elliot

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* Colored

*Married,* ~~Single, Widow, Widower~~; {Cross out the word not required in this line.}

*Occupation,* Washwoman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give street and Number.} 76 Raborg St.

*Cause of Death,* First, (Primary,) Strangulated Hernia

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 28th 1882

*Undertaker,* Daniel P. Chase

*Place of Business,* 195 S. Howard St. *Address,* 279 W. Fayette St.

J. H. Hoffman M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58722 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Priscilla Brown

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 13 *Days,*

*Color,* C

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 76 Eden Alley

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,) "

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* W. Balto Pub Cem

*Date of Burial,* July 28th 1882

*Undertaker,* F A Kershaw

*Place of Business,*

Geo. H. Dixon M. D.,

Medical Attendant.

*Address,* Cor. of Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 58723 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 27 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Albro Magauly

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* Six *Months,* ..... *Days.*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*~~Occupation~~,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} No 416 E. Monument St

*Cause of death,* First, (Primary,) .....
Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* Two Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 28th 1882

*Undertaker,* Henry W. Mears

*Place of Business,* 145 N. Gay St

Wm H. Hendrickson, M. D.,
Medical Attendant.

*Address,* No 102 N. Bunday

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 58724 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 28 2 1882 BALTIMORE

*Date of Death,* July 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Lawrence

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 7 *Days,* 0

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 222 Eager

*Cause of Death,* First, (Primary,) Inanition

Second, (Immediate,) .....

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent

*Date of Burial,* July 28

*Undertaker,* J. Ahrens

*Place of Business,* 31 High St

Geo B Snyder M. D.,
Medical Attendant.

*Address,* corner Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 58725 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 27. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca M. Bowie

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days.*

*Color,* wht

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 19 McCulloughs

*Cause of death,* First, (Primary,) Paralysis

Second, (Immediate,)

*Duration of Last Sickness,* 6 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Washington Cem

*Date of Burial,* Sunday July 30

*Undertaker,* Thos H Hughes

*Place of Business,* 60 E Balto

G Lane Tanyhill *M. D.,*
Medical Attendant.

*Address,* 129 W Read

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 38726 *Office of Registrar of Vital Statistics.* Ward 12

The Physicinn who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 28 1882 BALTIMORE

*Date of Death,* July 26th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt J Kearney

*Sex, Male* ~~*or Female*~~, { Cross out the word not required in this line. }

*Age,* 37 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,* Painter

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* { Give street and Number. } 128 Poeston St

*Cause of Death,* First, (Primary,) Dysentery

Second, (Immediate,) "

*Duration of Last Sickness,* About 3 weeks, I attended him 6 days

All the above Information should be furnished by the Physician.

*Place of Burial* Greenmount Cem

*Date of Burial,* July 28. 1882

*Undertaker,* M. A. Daye

*Place of Business,* 745 Broadway

Edias Le Price M. D.,
Medical Attendant

*Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58727 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Nora Whitehurst

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* ..... *Years,* 3 *Months,* ..... *Days,*

*Color,* .....

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 60 N. Carstein St

*Cause of Death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,) .....

*Duration of Last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* July 28./82

*Undertaker,* J. B. Rosing

*Place of Business,* 125 Orleans, *Address,* 186 Aisquith St

H. T. Reynolds M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58728 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Teufel

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* *Months,* 22 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} No 58 Walker st

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,) Spasm

*Duration of Last Sickness,* 2 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 29th

*Undertaker,* John Teufel.

*Place of Business,* 796 W. Baltimore

W. L. Buckenheimer, M. D., Medical Attendant.

*Address,* 166 S. Pierce

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 7872

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Grimes

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* three *Years,* ——— *Months,* ——— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bucks Co Pa

*Duration of Residence in the City of Baltimore,* Sixteen

*Place of Death,* {Give street and number.} 10 Fountain Court

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) About 5 Days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial* July 29 1882

*Undertaker,* William Norris

*Place of Business,* No 62 East Street

J. C. Shivers *M.D.,*
Medical Attendant.

*Address,* 41 N Caroll

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 58730 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 28 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Guy T. Chuck

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 0 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 47 Holland St

*Cause of death,* First, (Primary,) Pharyngitis.

Second, (Immediate,) .....

*Duration of Last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetry

*Date of Burial,* July 28 1882

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans St *Address,* 54 Eighth St

Edw. J. Phillips M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 58731 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 28 2 1882 BALTIMORE

*Date of Death,* July 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Wales

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* 10 *Months,* —— *Days.*

*Color,* Wh

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 95 N. Bond St.

*Cause of death,* First, (Primary,) Asthma,

Second, (Immediate,)

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* July 30 1882

*Undertaker,* G. Sander & Son

*Place of Business,* 252 Canton Av -*Address,* 51 S Broadway

E. J. Billing M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58752 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* ..... *Days,*

*Color,*

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. }

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) ..... }

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* Mount Carmel Cem

*Date of Burial,* July 28 1882

*Undertaker,* G. F. Sander & Son

*Place of Business* 252 Canton Av

..... M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5873 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 28 1882 BALTIMORE

*Date of Death,* 28th. July 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Tellerlein

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During lifetime

*Place of Death,* {Give street and Number.} E. Lombard Street 340

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 10 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet

*Date of Burial,* July 29th

William Henkel M. D.,
Medical Attendant.

*Undertaker,* John Funk

*Place of Business,* 24 & Wolf. *Address,* E. Wolfe 11

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under this notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 8784 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Franklin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 16 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 23 Anthony st

*Cause of death,* First, (Primary,) Diarrhoea

Second, (Immediate,) Eclampsia

*Duration of Last Sickness,* about a week

All the above information should be furnished by the Physician.

*Place of Burial,* St. James Cemetery

*Date of Burial,* July 29th 1882

*Undertaker,* Henry Hoch

*Place of Business,* 309 Central Ave

J. W. Warner M. D.,
Medical Attendant.

*Address,* 258 N Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 58735 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 26 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Krein

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Shoe-maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bavaria. Germany

*Duration of Residence in the City of Baltimore,* 57 years.

*Place of Death,* {Give street and number.} 209 N. Stricker st

*Cause of death,* First, (Primary,) Old age

Second, (Immediate,) General debility & Emaciation

*Duration of Last Sickness,* 1 year.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* July 29, 1882

*Undertaker,* Henry Heath

*Place of Business,* 309 Gabriel and *Address,* 54 Augusta

Edward P. Mudd M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

# Board of Health, City of Baltimore,

Permit No. 58736 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 26th 82,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 yrs,

*Place of Death,* {Give street and number.} Mrs Brooks House

*Cause of Death,* First, (Primary.) Bright's

Second, (Immediate.) disease of Kidneys

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas Cemetery

*Date of Burial,* July 28 1882 John F. Monnemacher M.D.,
Medical Attendant.

*Undertaker,* Henry Hoed Jr

*Place of Business,* 30 E Central Ave *Address,* S.W. Calvert & Read

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5873 7 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } ~~Charlotte C. Cannon~~ Charlotte C. Cannon

*Sex, Male or Female,* { Cross out the word not required in this line. } female

*Age,* 40 *Years,* 3 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } widow

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* { Give street and Number. } 21 ainguth

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) Intestinal hemorrhage } attend.

*Duration of Last Sickness,* about 24 dys

All the above information should be furnished by the Physician.

*Place of Burial* Greenmount Cem

*Date of Burial,* July 29. 1882

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Broadway

D. Streett M. D.
Medical Attendant.

*Address,* 143 N. Exeter

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 28738 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

JUL 28 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward L. Flaherty,

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* 8 *Months,* 2 *Days,*

*Color,* white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Attorney at Law,

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Life & birth

*Place of Death,* {Give street and Number.} 206 Linden Ave.

*Cause of Death,* First, (Primary,) Pathogenic Fever

Second, (Immediate,) Intestinal Hemorrhage

*Duration of Last Sickness,* Thirteen days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* July 29

*Undertaker,* M J A Dwyer

*Place of Business,*

G. Glanville Rust M. D.,
Medical Attendant.

*Address,* Balt. & Paca sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 58739 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie May Wilson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... 8 *Months,* 20 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 440 E Fayette

*Cause of Death,* First, (Primary,) Dysentery

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Lowmerlch Co

*Date of Burial,* July 29

*Undertaker,* F L Wilson

*Place of Business,*

Geo. W. Evans M. D.,
Medical Attendant

*Address* Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 17 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 18740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Barry

*Sex, Male or Female,* {cross out the word not required in this line.} Male.

*Age,* ..... *Years,* ..... *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~

*Occupation,* ~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 3 Marshall st

*Cause of Death* { First, (Primary,) Inanition

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* July 29

*Undertaker,* B. T. Marle

*Place of Business,* 32 West St.

J. Ramsey Hill M. D.
Medical Attendant.

*Address,* 119 E. Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the [illegible] deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 58741

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 29 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Harriet Bean

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Washing

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Anne Arundel County

*Duration of Residence in the City of Baltimore,* 23 Years

*Place of Death,* {Give street and number.} 795 Bethel St.

*Cause of Death,* First, (Primary.) Intermittent Fever

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 14 ——

All the above information should be furnished by the Physician.

*Place of Burial,* Cosbury Cemetery

*Date of Burial,* July 29 1882

John A Schultz M.D.,
Medical Attendant.

*Undertaker,* T. J. Fosks

*Place of Business,* 73 Jefferson St *Address,* N E Cor Gough & Eden

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

/ **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 38742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fraenick Look

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* 84 *Years,* 9 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Tinner

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany.

*Duration of Residence in the City of Baltimore,* Nine Years

*Place of Death,* {Give street and number.} No - 125. S. Charles st

*Cause of Death,* First (Primary,)

Second (Immediate,) Fracture of Skull.

*Duration of Last Sickness,* Seven Hours.

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cemetery

*Date of Burial,* July 30 1882

A. F. Coate M.D.
Medical Attendant.

*Undertaker,* John Herring

*Place of Business,* 382 Orleans St.

*Address,* 235. Gough st

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 9 8743 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

58743 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 28 = 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kahn

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* — *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 350 Orleans

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* July 29 1882

*Undertaker,* John Keenan

*Place of Business,* 1382 Orleans St. *Address,* 245 E. Baltimore

F. Kuhn M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58744 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 28. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Frankel

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* White.

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Book keeper.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give street and Number.} Hebrew Hospital

*Cause of Death,* First, (Primary,) Dysentry

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Chch Shalom Cmty

*Date of Burial,* July 30th 1882 } F. Chambers M. D.,

*Undertaker,* Wm Eilau } Medical Attendant.

*Place of Business,* 111 Gough St } *Address,* 133 E Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 38743 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 28. 1882,

*Full Name of Deceased,* {White legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Goldstine,

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* White,

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany,

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Hebrew Hospital,

*Cause of Death,* First, (Primary,) Septicaemia, (following Labor)

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Chev. Shalam Cemetery

*Date of Burial,* July 30th 1882 } Jno. Chambers M. D.,

*Undertaker,* J. Wm. Eilau } Medical Attendant.

*Place of Business,* 101 Gough *Address,* 232 E. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58746 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene B. Ridgaway

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 19 *Months,* ..... *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and Number.} 104 Gough St.

*Cause of Death,* First, (Primary,) Malignant Variola

Second, (Immediate,) Cerebral convulsions

*Duration of Last Sickness,* 5 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Laem

*Date of Burial.* 2 P.M. July 29 Saturday

*Undertaker,* M A Darger

*Place of Business,* 74 S. Broadway

R. W. Mansfield M. D.,
Medical Attendant.

*Address,* 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5877 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Domingo Gosera

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~Years,~~ ~~Months,~~ 17 Days.

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 134 N Calvert St

*Cause of death,* First, (Primary,) Abscess

Second, (Immediate,)

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 29th/82

*Undertaker,* C. F. Krauss

*Place of Business,*

A. Aronstein M. D.,
Medical Attendant.

*Address,* 145 Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58778 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1902 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July 29 1902

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 18 Months, 11 Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 95 Scott St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Congestion of Brain

*Duration of Last Sickness,* 2 (?) Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* July 30

*Undertaker,* Hoffeld & Lech

*Place of Business,* 707 W Baltimore Address, 387 W. Lombard St

D. Lee Lincoln M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58749

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 29 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia Davis

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 8 *Months,* 4 *Days.*

*Color,* Black

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 8 Yrs 4 days

*Place of Death,* {Give street and number.} Rear of 188 Park Avenue

*Cause of Death,* First, (Primary.) Entero Colitis

Second, (Immediate.) .....

*Duration of Last Sickness,* Seven Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 29 82

*Undertaker,* Chas Hemsley

*Place of Business,* 116 Orchard St

Robt M. Johnson M.D.,
Medical Attendant.

*Address,* 70 Cathedral St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58760 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1892 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* 7/28/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Richardson

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

*Age,* ——— *Years,* 5 *Months,* ——— *Days.*

*Color,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 89 Maryland

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number.} here

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 29 92

*Undertaker,* Jeff Hemsley

*Place of Business,* 116 Orchard St

J. Gray Smith M. D.,
Medical Attendant.

*Address,* 229 Townsend

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 18757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 29 1902 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 28 1902

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Olga Teufel

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Stone Cutter

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 Years

*Place of Death,* {Give street and number.} 796 6th Balto St

*Cause of Death,* First (Primary,) Apoplexy

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery J.G. Connolly M. D.

Medical Attendant.

*Date of Burial,* July 30th.

*Undertaker,* ~~Peter Bea~~ Geo. Leimbach Coroner

*Place of Business,* ~~798~~ 389 W. Pratt St

Address

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

[redacted] more,

Permit No. 5 8 7 3 2 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* July. 28th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hesta E. Robbins

*Sex,* ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* 2 0 *Years,* *Months,* *Days.*

*Color,* Black

*Married,* ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto, Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 8 Sterling Pl.

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,) Pulmonary Hemorrhage

*Duration of Last Sickness,* 3 Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 29th 1882

*Undertaker,* S. W. Chase

*Place of Business,* 198 S. Howard St. *Address,* 36 Gwynn Av

Silas N. Hunter M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, [illegible]re,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 58753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 29 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. Wales

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* *Months,* *Days.*

*Color,* Black *Sex,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer on Exchange place

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Accomack Co Va

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give street and number.} 7w 10. O. Donnelly Wharf

*Cause of Death,* {First (Primary,) Fall upon a wagon

Second (Immediate,) dislocating his neck

*Duration of Last Sickness,* 5 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 30th 1882

*Undertaker,* S. M. Chase

*Place of Business,* 178 S. Howard st

H. G. Conway M. D.
Medical Attendant

Address Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 38754 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Wallawee

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 60 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Thirty years.

*Place of Death,* {Give street and Number.} # 185 S. Regester St.

*Cause of Death,* First, (Primary,) Chronic Bronchial Catarrh

Second, (Immediate,) followed by Phthysis Pulmonalis

*Duration of Last Sickness,* Five months.

All the above information should be furnished by the Physician.

*Place of Burial,* St Francis's Cem.

*Date of Burial,* July 29 1882

*Undertaker,* H Bender & Co

*Place of Business,* 252 Eastern Ave

John H Rehberger M. D., Medical Attendant.

*Address,* 1112 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58758 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes E Foster

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 2 yrs 6 mos

*Place of Death,* {Give street and Number.} 479 Caroline St

*Cause of Death,* First, (Primary,) .....
Second, (Immediate.) Cholera Infantum

*Duration of Last Sickness,* Two Days

All the above information should be furnished by the Physician.

*Place of Burial* Green Mount Cem

*Date of Burial,* July 30 1882

*Undertaker,* H Sauter & Son

*Place of Business* 202 Saratoga St, *Address,* .....

W Cahall, *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 58756 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Fahey

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* over *Months,* 2 0 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 161 Front St.

*Cause of Death,* First, (Primary,) Compression of Brain

Second, (Immediate,)

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial.* St Peters

*Date of Burial.* July 30

*Undertaker,* J D Cook

*Place of Business,* 707 Baltimore

N. S. Cushman M. D.,
Medical Attendant.

*Address,* 109 Front St City

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-8155 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 29th July 1892.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Sisenator

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give street and Number.} Bank Street 1148

*Cause of Death,* First, (Primary,) Eclampsia

Second, (Immediate,)

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* July 30th 92

*Undertaker,* G. Franco

*Place of Business,* Bank & Wolf

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfe & 117

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 57738 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Bolles

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* [illegible] *Years,* [illegible] *Months,* [illegible] *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* [illegible]

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* {Give street and Number.} 21 S. Spring Street

*Cause of Death,* First, (Primary.) [illegible]

Second, (Immediate.) Typhoid Fever

*Duration of Last Sickness,* [illegible] Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Stephens

*Date of Burial,* July 30th 82

*Undertaker,* G. Frame

*Place of Business,* Bank & Wolfe St. *Address,* [illegible]

J. H. Miller, M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 58757 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Lee Kearney

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} "

*Occupation,* "

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} No 39 Bond Hill avenue

*Cause of death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* July 29th 1882

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

J H Sutton M. D., Medical Attendant.

*Address,* 13 Franklin St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

14

Permit No. 58760

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended my person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

JUL 28 1882

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Hopkins

*Sex,* ~~Male or Female,~~ {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* Six *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 524 Saratoga st

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) .....

*Duration of Last Sickness,* 48 Hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Thorpe St Cemetery

*Date of Burial* July 30 1882

*Undertaker,* Wilbur N Berger

*Place of Business,* No 62 E Oostst

E. Meinhof. *M.D.,*

Medical Attendant.

*Address,* 427 N Gay st

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1882
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Dalton

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Sewing

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} St Marys Asylum

*Cause of Death* First, (Primary,) Phthisis

Second, (Immediate,) acidemia

*Duration of last Sickness,* four months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* 30 July 1882

*Undertaker,* W. W. Jenkins & Son

*Place of Business,* 75 N. Charles

F. E. Chatard Jr. M. D.
Medical Attendant.

*Address,* 114 Park ave

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 18762 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUL 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary C. Cowen

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* Years, 3 Months, 19 Days,

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 94 Hollins St

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,)

*Duration of Last Sickness,* Two ~~days~~ Weeks.

At the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* July 30

*Undertaker,* Mc Donaroby

*Place of Business,*

D. L. Shuen M. D.,
Medical Attendant.

*Address,* 387 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 19 / 5876 3

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

JUL 29 1882

The Physician who attended any person in a last illness is responsible for the presentation of the Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 25. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Glauber

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~

*Age,* ~~—~~ *Years,* Ten *Months,* ~~—~~ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

*Occupation,* ~~—~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 2 N Bruce St

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Gen (10) days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* July 30 1882

*Undertaker,* William Lange

*Place of Business,* No 62 East St

J. O'Connor M.D.,
Medical Attendant.

*Address,* 414 E Camp St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58767 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Conrad Steen.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 1 *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* All his life.

*Place of Death,* {Give street and number.} 524 W. Lombard St.

*Cause of death,* First, (Primary,) Chronic Diarrhoea.

Second, (Immediate,) Exhaustion,

*Duration of Last Sickness,* 3 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Sts. Peter & Paul's, Engl. Lutheran, Germ'n

*Date of Burial,* July 30th 1882

*Undertaker,* Adam Weidemeyer

*Place of Business,* 578 W. Baltimore St.

John D. R. Boze M. D.,
Medical Attendant.

*Address,* 275 Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Board of Health, City of Baltimore,

Permit No. 18765 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE JUL 30 1882 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* July 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* ..... *Months,* 14 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~

*Occupation,* ~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} B. C.,

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} St Vincents Infant Asylum

*Cause of Death,* First, (Primary,) Scrofula

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* .....

All the above Information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* July 30

*Undertaker,* P. A. Hunt

*Place of Business,* .....

C. Harvey Gill M. D.,
Medical Attendant.

*Address,* 119 E. Fremont Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-8766 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Burke

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} No 165 Bank St

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cem.

*Date of Burial,* July 30th 1882

*Undertaker,* L. Ritz

*Place of Business,* No 129 S. Broadway

..... M. D.,
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58767 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD. HEALTH DEPARTMENT JUL 30 1882

## CERTIFICATE OF DEATH.

*Date of Death,* July 28

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Bailey

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 4 *Months,* 20 *Days,*

*Color,* Mulatto

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 44 Edmonson St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 9 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 30 1882

*Undertaker,* Jacob Davis

*Place of Business,* 108 Pearl St

Wm Goulet M. D.,
Medical Attendant.

*Address,* 704 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58768 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. JUL 30 1882 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* July 29. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles B. Smoot.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~70~~ 70 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Clerk

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* 28 Years

*Place of Death,* {Give street and Number.} 86 N. Stricker St

*Cause of Death,* First, (Primary,) Cardiac insufficiency (aortic)

Second, (Immediate,) Dropsy with exhaustion.

*Duration of Last Sickness,* 7 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cem

*Date of Burial,* July 31st.

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette St

W. F. Kemp M. D.,
Medical Attendant.

*Address,* 55 N Green St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 58767 *Office of Registrar of Vital Statistics.* Ward 16

JUL 30 1902
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* July 29'

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Fox

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 56 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Wilmer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 40 yrs.

*Place of Death,* {Give street and Number.} 827 W. Lombard

*Cause of Death,* First, (Primary,) Carcinoma Uteri

Second, (Immediate,) asthenia

*Duration of Last Sickness,* 9 mos

All the above information should be furnished by the Physician.

*Place of Burial* St Peters

*Date of Burial,* July 31

*Undertaker,* J B Cook

*Place of Business,* 707 West Butler

D. Stull M. D.,
Medical Attendant.

*Address,* 143 N. Exeter St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

8

# Board of Health, City of Baltimore,

Permit No. 38770

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline C Wheeler

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 55 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} widow

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto, Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} E Preston near Aisquith

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.) ~~two years~~ one year

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* July 31 1882

*Undertaker,* Chas P Byrne

*Place of Business,* 63 Front st

W. B. Billingslea M.D.,
Medical Attendant.

*Address,* 256 E John st

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 58771

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

HEALTH DEPARTMENT JUL 30 1982 BALTIMORE, MD.

# 18 Board of Health, City of Baltimore,

Permit No. 58771

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29/82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry S. Mackin

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 16 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 257 Franklin St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) "

*Duration of last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnetcae

*Date of Burial,* July 31st 1882

H. K. Fetterhoff M. D.
Medical Attendant.

*Undertaker,* Walter Cadman

*Place of Business,* 227 Madison St *Address,* 205 N. Bond St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS. [over]

# Board of Health, City of Baltimore,

Permit No. 58772 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE JUL 31 1882

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Wm Mueller

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} M

*Age,* 87 *Years,* — *Months,* — *Days,*

*Color,* white

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give street and Number.} 325 Hanover St

*Cause of Death,* First, (Primary,) old age

Second, (Immediate,) the same

*Duration of Last Sickness,* the last 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 31

*Undertaker,* Henry Brida

*Place of Business,* Fennella St 21

Alex Salzer M. D.,
Medical Attendant.

*Address,* 1630 Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

# 12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 58723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew M. Waupert

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 22 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} East City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} 11 Union Street

*Cause of Death* First, (Primary,) Cholera Infantum

Second, (Immediate,) Collapse

*Duration of last Sickness,* 4 weeks under Dr C. Winslow Care - I was called in 12 hours before death

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* July 31

*Undertaker,* Walter Immel

*Place of Business,* 313 East Biddle St

Thos Bruner M. D.
Medical Attendant.

*Address,* 68 McCulloh St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 38774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 20 - 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Infant~~ Reign.

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Premature about 2½ hrs. ~~2 Hours~~

*Age,* ..... *Years,* ..... *Months,* ~~.....~~ *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City — Md.

*Duration of Residence in the City of Baltimore,* Lifetime — 2 hrs.

*Place of Death,* {Give street and number} Belair Avenue — City

*Cause of Death* {First, (Primary,) Premature.

Second, (Immediate,) 2 hrs —

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* July 24th

*Undertaker,* Chas. F. Reign

*Place of Business,* Boundary Ave

C. Innes Martenet M. D.
Medical Attendant.

*Address,* Belair Avenue near Washington Blvd

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

19

# Board of Health, City of Baltimore.

Permit No. 58773 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Guy Wolfe

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* 4 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 835 N Balto St

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* July 31

*Undertaker,* F B Cook

*Place of Business,* 707 West Baltimore *Address,* Waverly Terrace

Geo Hayden *M. D.,*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 58776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *personally filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May G. Ellis

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 11 *Months,* 10 *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Paterson Ave (near Fulton Ave

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} Pat. ave. near Fulton Ave

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Enteric Colitis

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* July 31

*Undertaker,* J B Cook

*Place of Business,* 707 West Baltimore St

Geo W. Annis M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 58777 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George R Easton

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 11 *Years,* 7 *Months,* 1 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } No 162 Gough St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Brain Fever

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* July 31st 82

*Undertaker,* C. Frame

*Place of Business,* Davis & Wolf

J. H. Duffy M. D.,
Medical Attendant.

*Address,* 249 Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

58778 Certificate of death.

Date of death: July 30 1882

Name of dec.: George Gebhard

Male

Age: 17 months

Color: White

Nativity: [illegible]

Place of death.: 88 S. Castle.

Cause of death: Spasms; Lightning; Paralysis cerebrum

Duration of Sickness: 8 days

Attended by

Place of Burial: St Alphonsus Cem 275 S. Belnord Ave

Date of Burial: July 31st 82

G. Frank

Bank & Wolfe U.

Undertakers

HEALTH DEPARTMENT
JUL 31 1882
BALTIMORE

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence May Kearney

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 2 *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~ None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} 39 Druid Hill Ave Balto City

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and number.} No 39 Druid Hill Ave

*Cause of Death,* First (Primary,) Dysentery

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* July 31st 1882

*Undertaker,* Chas. T Scrivener

*Place of Business,* 271 W Eutaw St

Edward M. Nee M.D.
Medical Attendant.

*Address* No 199 N Howard St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-8780 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Thomas.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~~ *Years,* ~~~ *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* 14 days

*Place of Death,* {Give street and Number.} # 286 E. Madison st.

*Cause of Death,* First, (Primary,) Gastro-Enteritis

Second, (Immediate,)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial* Emanuel Cemetery

*Date of Burial,* 31st of July

*Undertaker,* Fred Gaede.

*Place of Business,* 29 N. Caroline

Geo. A. Hartman M. D., Medical Attendant.

*Address,* # 305 N. Caroline st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5-8781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand McKenna.

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} C

*Occupation,* C

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 124 Druidhill Ave & Union

*Cause of Death* First, (Primary,) Dysentery

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cemetery

*Date of Burial,* July 31st 1882

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw *Address,* 114 Park Ave

F. E. Chatard M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 58782 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

*Date of Death,* July 31

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Neubert

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 3 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Jefferson & Chester Sts

*Cause of Death,* First, (Primary,) Cramps

Second, (Immediate,) Trismus Nascentium

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels

*Date of Burial,* July 31st

*Undertaker,* John Neubert

*Place of Business,*

Geo. W. Simon M. D.,
Medical Attendant.

*Address,* Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

# Board of Health, City of Baltimore,

Permit No. 15785

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry W. Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 1 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} — —

*Occupation,* — —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* — —

*Place of Death,* {Give street and number.} 534 Aisquith st

*Cause of Death,* First, (Primary.) Catarrhal Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 1st 1882

*Undertaker,* Henry Stocks

*Place of Business,* 347 W. Saratoga

M B Billingslea M.D.,
Medical Attendant.

*Address,* 256 E Preston st

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58784 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Kellenberger

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* 3 *Months,* 27 *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Carpenter & Stair Builder

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Adams County Pa

*Duration of Residence in the City of Baltimore,* about 30 Years

*Place of Death,* {Give street and Number.} 32 Woodyear Street

*Cause of Death,* First, (Primary,) Paralysis

Second, (Immediate,) "

*Duration of Last Sickness,* about 3 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* 31 July

*Undertaker,* J Hohalmer

*Place of Business,* 241 Fremont

G. Hammer M. D.,
Medical Attendant.

*Address,* 231 N Fremont

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 58785 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Eisenbeck

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 0 *Months,* 12 hours *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 167 N. Fayette St.

*Cause of death,* First, (Primary,) Premature Labor. at 8 ½ Months.

Second, (Immediate,) .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* July 31 1882

*Undertaker,* A Rosenberger

*Place of Business,* 70 Mulberry St

Louis E Horn M. D.,
Medical Attendant.

*Address,* corner N Fayette av

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# // Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 18786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Finguson.

*Sex,* ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* since birth.

*Place of Death,* { Give street and number } 337. Franklin St.

*Cause of Death* { First, (Primary,) Phthisis. / Second, (Immediate,) Asthenia.

*Duration of last Sickness,* One year.

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 31st 82

*Undertaker,* D. Spr. Weaver

*Place of Business,* 262 N Eutaw St

John D Cunningham M. D.
Medical Attendant.

Address, 134 N Carrollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 5878 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William S Slater

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 154 Bank St

*Cause of Death,* First, (Primary,) Insanitum

Second, (Immediate,)

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 1st 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway *Address,* 19 S Broadway

J Ray *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 58788 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michl J. Wagner

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 7 *Months,* 15 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } 58 Choptank St.

*Cause of Death,* First, (Primary,) cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 24 hrs.

All the above information should be furnished by the Physician.

*Place of Burial* Mt Carmel Cemetery

*Date of Burial.* July 31st 1882

*Undertaker,* Dunn & Mitchell

*Place of Business,* 65 S Broadway

R. W Mansfield M. D.,
Medical Attendant.

*Address,* 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 58787 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo. Lebeau

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 13 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Shoemaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Abt 3 years

*Place of Death,* {Give street and Number.} 43 So. Broadway

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Senile decay

*Duration of Last Sickness,* Some months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 1st 1882

Jno L. Wells M. D., Medical Attendant.

*Undertaker,* Dinny & Mitchell

*Place of Business,* 65 S Broadway *Address,* 99 So. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 9 6 7

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 16 Board of Health, City of Baltimore,

Permit No. 58790

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ellen Dryden

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 62 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* {Give street and number} 64 Clay St.

*Cause of Death* First, (Primary,) Old Incarcerated umbilical Hernia

Second, (Immediate,) Exanition

*Duration of last Sickness,* about 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* Aug 1st 1882

J. Chew Worthington M. D.
Medical Attendant.

*Undertaker,* Geo W. McCoy & Co

*Place of Business,* 422 W Fayette St *Address,* 373 W Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5879 1/1 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H Barrett

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 29 *Years,* —— *Months,* —— *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Genl Labourer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } ——

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* { Give street and Number. } 115 E Lane

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Haemorrhage Pulmon

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp st Cemetery

*Date of Burial,* July 31 1882

*Undertaker,* Thaculas Ross

*Place of Business,* 96 Conway st

Jno A Blake M. D., Medical Attendant.

*Address,* 168 W Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5899 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Burton

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } Male

*Age,* 39 *Years,* ..... *Months,* ..... *Days,*

*Color,* Mulatto

*Married, ~~Single~~, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Accomac Co Va

*Duration of Residence in the City of Baltimore,* 16 Years

*Place of Death,* { Give street and Number. } 306 S. Eutaw St.

*Cause of Death,* First, (Primary,) Typhoid fever

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* ~~Aug~~ July 31

*Undertaker,* H. R. Ogs

*Place of Business,* 95 Monument St

Wm Gould, M. D., Medical Attendant.

*Address,* 170 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5·8773 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Meyer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* About 19 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bell City

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and Number.} City dumping Wharf, Brians Cove, Accidental drowning.

*Cause of Death,* First, (Primary,) "

Second, (Immediate,) "

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* West Public Cemetery

*Date of Burial,* July 31/82

*Undertaker,* Fred A Kachner

*Place of Business,* 60 S Carrollton Ave

Geo. A. Beck M. D.,

~~Medical Attendant~~ Coroner for District

Address, 161 S Charles St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 58794 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeanna Warner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give street and number.} 80 Mc Elderry st

*Cause of death,* First, (Primary,)

Second, (Immediate,) Consumption

*Duration of Last Sickness,* about 2 Years.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* July 31st 1882

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N Gay St

J D Grove M. D.,
Medical Attendant.

*Address,* 187 Orleans st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58196 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank R Bryan.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} male

*Age,* ~~—~~ *Years,* 5 *Months,* ~~—~~ *Days,*

*Color,* Colored

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.} ~~—~~

*Occupation,* ~~—~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 515 Mc Elderry st apt.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* about 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Levnel Cemetery

*Date of Burial,* July 31 1882

*Undertaker,* Wm N Longe

*Place of Business,* No 62 E Balt St

*Edwin B. Fenby* M. D.,
Medical Attendant.

*Address,* 238 E. Monument st.
N. E. Dispensary

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

20

# Board of Health, City of Baltimore,

*Permit No.* 58796

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Smith

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black *Sex,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Junk. business

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} St Marys Co Md

*Duration of Residence in the City of Baltimore,* 14

*Place of Death,* {Give street and number.} 14. Gilbert

*Cause of Death,* First (Primary,) .....

Second (Immediate,) Heart disease

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial* July 31 1882

*Undertaker,* W. Richardson

*Place of Business,* No 62 East St

H. G. Conway *M. D.*
Medical Attendant.

*Address* Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 18777 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mehrt Batty

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 months *Months,* ..... *Days.*

*Color,* Mulatto.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* 9 mos.

*Place of Death,* {Give street and number.} 24 Bolton St.

*Cause of death,* First, (Primary,) Enteric-colitis.

Second, (Immediate,) Hydrocephaloid.

*Duration of Last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* Aug 1st 1882

*Undertaker,* C. J. Garner

*Place of Business,* Eutaw & Rem

O. Edw. Janney, M. D.,
Medical Attendant.

*Address,* 242 W. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

# Board of Health, City of Baltimore,

**Permit No.** 58798

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew J Wheeler

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 65 *Years,* ——— *Months,* ——— *Days.*

*Color,* Colored *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Methodist Clergyman

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number.} No 22 Hanover St

*Cause of Death,* First (Primary,) Typhoid Fever

Second (Immediate,) Asthenia

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Auburn Cemetery

*Date of Burial,* July 31st 1882

*Undertaker,* Sam'l. W. Chase

*Place of Business,* 198 E. Howard St.

T Edward Kirby M. D.
Medical Attendant.

*Address* 24 Columbia Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

10

# Board of Health, City of Baltimore,

Permit No. 58799

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 31 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29. 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Bonds

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* Black *Sex,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* House Servant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Queen Anns Co Md

*Duration of Residence in the City of Baltimore,* 3 Months

*Place of Death,* {Give street and number.} No 4 Barrancas Ct

*Cause of Death,* First (Primary,) Inflamation of Stomach

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* West Public Cemetery

*Date of Burial,* July 30/ 1892

H. G. Connolly M. D.
Medical Attendant.

*Undertaker,* Fred A Kirchner

*Place of Business,* 150 Haddon Ave *Address* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3

Permit No. 58806

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Jung

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* ~~*Months,*~~ ~~*Days.*~~

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 353 E. Lombard

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Collapse

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* July 31 82

*Undertaker,* Wendelken Sippel

*Place of Business,* 157 E. Lombard

J. Statton M.D.,
Medical Attendant.

*Address,* 345 E. Baltimore

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

Permit No. 5-8801

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Whitridge Garber

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Two *Years,* Nine *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Two Years

*Place of Death,* {Give street and number.} 254 Myrtle Ave.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Diphtheria

*Duration of Last Sickness,* Seven days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemt

*Date of Burial,* Aug 2 1882

*Undertaker,* Edw Bouchard

*Place of Business,* *Address,* 152½ N. Eutaw St.

*M. Leighton* M.D.,
Medical Attendant.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Memorial Blank, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58802 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Antoinette M. Canitz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 2 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 328 S. Bond Street

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* July 31 1882

James F. Shaud M. D., Medical Attendant.

*Undertaker,* John Feeney

*Place of Business,* 382 Orleans St *Address,* 68 E. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No. 57803 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence M. Williams

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 2 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 101 Orleans St

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 1st 82

*Undertaker,* Tuffs Bro

*Place of Business,* 32 W Broadway

J J Gwynn M. D.,
Medical Attendant.

*Address,* 132 Orleans St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Rule 10 Printed on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5-8802 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James F. Warner

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* 0 *Months,* 0 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 205 S. Regester St.

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mathew's Cemetery

*Date of Burial,* July 1st 1882

*Undertaker,* J. C. Schaub

*Place of Business,* 240 Aisquith St.

John H. Rehberger M. D., Medical Attendant.

*Address,* #2443 Alice Anna St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention ... Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58865 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Murph

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 2 *Months,* ..... *Days,*

*Color,* Wht

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 5 S. Front.

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* July 31

*Undertaker,* H McGinnis

*Place of Business,*

Thos Opie Lyndes M. D.,
Medical Attendant.

*Address,* Calvert Station

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58806 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Herrmann Dörfler

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* — *Days,*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Existing

*Place of Death,* {Give street and Number.} Biddle Street

*Cause of Death,* First, (Primary,) Meningitis cerebro-spinalis

Second, (Immediate,) Eclampsia

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 1st

*Undertaker,* Geo Schilling

*Place of Business,* ——— *Address,* 24 S. Eutaw st

J. Flathen M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5880 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rebecca Bishop

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, Two Six Months, Eight Days.

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 26 S Bethel St

*Cause of death,* First, (Primary,) Cholera infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Lemuel (Cemetery)

*Date of Burial,* July 31st

*Undertaker,* Charles St. Philip

*Place of Business,* 35 Gay St

Walter Stay M. D.,
Medical Attendant.

*Address,* 17 E Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No 18808.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 18808

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred Hill

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 50 *Years,* ____ *Months,* ____ *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} ____

*Occupation,* Seaman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Fredrick Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number} 42 Lee st

*Cause of Death,* First, (Primary,) Syphilis

Second, (Immediate,) Paralysis

*Duration of last Sickness,* Several months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 31st 1882

*Undertaker,* Geo Perkins

*Place of Business,* 130 Henrietta

E Harris Hill M. D.
Medical Attendant.

*Address,* 119 Thames st

*Extract from Regulations of the Board of Health to secure a full and correct record of*
***Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV 4b.]

# Board of Health, City of Baltimore,

Permit No. 5-8869 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 1902

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Handy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* 10 Yrs.

*Place of Death,* {Give street and number.} 11 Brewers Alley

*Cause of death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of Last Sickness,* 3 or 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 31 1902

*Undertaker,* G W Chase

*Place of Business,* 98 Laurel

H. F. Hill M. D.,
Medical Attendant.

*Address,* 443 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish to the Undertaker or other persons superintending the burial, a Certificate setting forth as soon as forty-eight hours after the death, to the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58880 *Office of Bureau of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas Wesley Smith

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 62 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Gen'l Labourer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and Number. } 316 Raborg St

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Carcinoma of Stomach

*Duration of Last Sickness,* 3 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 1st 1882

*Undertaker,* S. M. Chase

*Place of Business,* 198 S Howard

Jno D Blake M. D.,
Medical Attendant.

*Address,* 168 Lacon St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5811

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 20 Board of Health, City of Baltimore,

*Permit No.* 5811

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 1882 BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Garber

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* Seven *Years,* 4 *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Seven Years

*Place of Death,* {Give street and number} 254 Myrtle Ave

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemt

*Date of Burial,* Aug 2d 1882

*Undertaker,* [illegible]

*Place of Business,* Address, 152½ N. Eutaw St

C. Singling M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Cofoner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58812 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE AUG 2 1882

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Lauterman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* 14 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore* Since birth

*Place of Death,* {Give street and Number.} Marshall & Lowndes Sts

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore C

*Date of Burial,* August 1

*Undertaker,* Barker

*Place of Business* 1st St

Theodore Cotton M. D., Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blanks on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5 8813 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann M. Rea

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Since Birth

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} ~~No 3~~ No 353 Madison Av

*Cause of Death,* First, (Primary,) Dysentery

Second, (Immediate,)

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Ot Olivet Cemetery

*Date of Burial,* Dec 1st 1882

*Undertaker,* John J Bacher

*Place of Business,* No 150 Camden St

Pembroke H. Woodall M. D.,
Medical Attendant.

Address, No 2 W Lanvale St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No. 18814 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 1882
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. Cosden

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* 9 *Months,* 22 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 102 N Bond St

*Cause of Death,* First, (Primary,) Scarlatina & Diphtheritis

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* Three (3) weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* G. Mathews

*Date of Burial,* July 24

*Undertaker,* J. E. Ramsey

*Place of Business,* 125 N Eden

D. Wahlburn M. D.,
Medical Attendant.

Address 102 E Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 28815 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lester

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* 7 *Months,* 23 *Days,*

*Color,* colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 133 Hill St.

*Cause of Death,* First, (Primary,) Sub-Peritoneal Abscess

Second, (Immediate,) Pyaemia 8 months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* Aug 1st 1882

*Undertaker,* S. H. Chase

*Place of Business,* 198 S. Howard St.

A. M. Hall M. D.,
Medical Attendant.

*Address,* 262 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

11 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 4. A. M. July 31, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Baden

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

*Age,* —— *Years,* —— *Months,* thirty eight *Days.*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} 20 Gilbert St. Balto. Md.

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 20 Gilbert St. Balto. Md.

*Cause of Death,* {First (Primary,) Never healthy / Second (Immediate,) Marasmus}

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Stony St. Cem.

*Date of Burial,* Aug 1st 1882

Wm M Nickerson M. D.
Medical Attendant.

*Undertaker,* S. P. Chase

*Place of Business,* 198 E. Howard St

Address 177 N. Arlington Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] of this Certificate.

10

Permit No. 7-8817

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 1 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Tucker

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* 0 *Months,* One Week *Days.*

*Color,* Dark Brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* One Week

*Place of Death,* {Give street and number.} No 10 Harmony Lane

*Cause of Death,* First, (Primary.) Unknown

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Cemetery

*Date of Burial,* Aug 1 1892

*Undertaker,* William N Dorsey

*Place of Business,* No 62 East St

B F Bohn *M.D.,*
Medical Attendant.

*Address,* Cor Dolphin & Pine

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below and to the Notice on Back of this Certificate.

1

Permit No. 5818

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. AUG 12 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 7 *Months,* 1 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} Corner Eden & Caroline St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Dentition

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted]

*Date of Burial,* August 2nd 1882

E. H. Williams *M.D.,*
Medical Attendant.

*Undertaker,* H. A. Gibbons

*Place of Business,* No 341 [redacted] *Address,* 5 E Eliot St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5881 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Volkers

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* 11 *Months,* 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Shoemaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* about 40 years

*Place of Death,* {Give street and Number.} 147 Columbia Avenue

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption of the bowels,

*Duration of Last Sickness,* Eight months,

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery.

*Date of Burial,* 3d August 1882

*Undertaker,* Philip F. Lee

*Place of Business,* 183 Columbia Ave, *Address,* 1 Franklin St

Thos Morris, M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

...of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58820 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Reisinger.

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~9 Months~~ *Years,* 9 *Months,* 4 *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Girl

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Hebitzheim Germany

*Duration of Residence in the City of Baltimore,* 3 Months

*Place of Death,* {Give street and Number.} Swan Alley Bank Street

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Hill Cemetery.

*Date of Burial,* July the 31st.

*Undertaker,* Fred Gaede.

*Place of Business,* 29 S. Caroline

Alfred Whitehead M.D.,
Medical Attendant.

*Address,* 94 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 58821 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1882 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert S. Turner

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 8 *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and Number.} # 203 N. Bond St.

*Cause of Death,* First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Eclampsia

*Duration of Last Sickness,* 4 or 5 days

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cemetery

*Date of Burial,* Aug 2nd

*Undertaker,* George Schilling

*Place of Business,*

Geo. A. Hartman M. D.,
Medical Attendant.

*Address,* # 305 N. Caroline St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...k of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5-8822 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Gorthers

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 11 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 63 Hanover St

*Cause of Death,* First, (Primary,) Head Ache, or before should get them but from history of case suppose

Second, (Immediate,) Vomiting, diarrhea & Exhaustion.

*Duration of Last Sickness,* Some time

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Aug. 1st 1882

*Undertaker,* W. A. Saizer

*Place of Business,* 74 S. Bway

Geo. B. Reynolds M. D., Medical Attendant.

*Address,* 161 W. Calvert

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58823 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Sylvester Gaines

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 9 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 535. Collington Ave

*Cause of Death,* First, (Primary,) Stiff Knee

Second, (Immediate,) Hemorrhage from Posterior Tibial Artery Lances

*Duration of Last Sickness,* Six days

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* August 1st 1882

*Undertaker,* W. A. Taylor

*Place of Business,* 74 S. Broadway

Peter D. Cronin M.D.
Medical Attendant.

Address E. V. Cahn & Ken...

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58824 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *when properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Tylic

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* 69 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and Number.} 153 Sterling Street

*Cause of Death,* First, (Primary,) received a fall last December

Second, (Immediate,) causing (Motor Paraplegia)

*Duration of Last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* aug 2/8[illegible]

*Undertaker,* Hen. H. Jenkins Son

*Place of Business,* 75 N. Charles

J. E. Whiteford M. D.,
Medical Attendant.

*Address,* 195 Linganite St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Rubrical Digest, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58825 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 1

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm W Lammers

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 4 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 85 N Front St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Dentition

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto

*Date of Burial,* Augt 2

*Undertaker,* J R Byrnes

*Place of Business,*

Geo. W. Emory M. D.,
~~Medical Assistant~~
*Address,* Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Geo Bragg. S.F.

# Board of Health, City of Baltimore,

Permit No. 57826 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katrine A. Brown

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 6 *Months,* 14 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 175 Columbia St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Aug. 2 1882

C. L. Buddenbohm M. D., Medical Attendant.

*Undertaker,* J. Brook

*Place of Business,* 707 W. Balto St. *Address,* 166 S. Paca St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58827 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Denby

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* Colored.

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Steward

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Easton Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 191 Chestnut St. ✓

*Cause of Death,* First, (Primary,) Excessive Heat

Second, (Immediate,) Meningitis

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* August 1. 82

*Undertaker,* Charles A White

*Place of Business,* 35 Saratoga St

E. B. Fenby M. D.
Medical Attendant.

*Address,* Cor Eden & Biddle Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over].

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Letter Directions on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58828 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1 2 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 31 July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Creaton

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 81 *Years,* *Months,* *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* House Servant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* 18 Years

*Place of Death,* {Give street and Number.} No 1 Rope walk alley

*Cause of Death,* First, (Primary,) Acute Dysentery

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* 2nd August 1882

*Undertaker,* H Ross

*Place of Business,* 95 Convay St

J. D. Dyer M. D., Medical Attendant.

Address, 146 Hill St.

J. D. DYER M. D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Permit No. 58829

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 12 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Stapleton

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months,* — *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 835 Exeter St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* abt 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Md 1882

*Date of Burial,* Holy Cemetery

*Undertaker,* James O'Byrne } Charles M. Wolff M. D.,

*Place of Business,* N 63 N Front } *Address,* N 67 E Balto St

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

# Board of Health, City of Baltimore,

Permit No. 58830 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1882 BALTIMORE

*Date of Death,* August 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Caveney

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* 11 *Months,* *Days.*

*Color,* White

*Married,* ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Co.

*Duration of Residence in the City of Baltimore,* about 18 months

*Place of Death,* {Give street and number.} 36 N. Fremont Street

*Cause of death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* about fifteen months.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem.

*Date of Burial,* Aug. 2' 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St

Jno. S. Kolipinski M. D.,
Medical Attendant.

*Address,* Carroll Co. Balto. Co.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 35831 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Helen Hogan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 5 *Months,* 16 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 208 East Madison St.

*Cause of Death,* First, (Primary,) Injury

Second, (Immediate,) Spinal Concussion

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 2nd

*Undertaker,* Geo Schilling

*Place of Business,*

Milton A Taylor M. D.,
Medical Attendant.

*Address,* Broadway & McElderry

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# 3 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt L. Ramsay

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* 57 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* { Cross out the word not required in this line. }

*Occupation,* Marine

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balt. Co. Md

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* { Give street and number } Home, Dept. of Bay & Broadway

*Cause of Death* { First, (Primary,) Morbus Brightii

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* August 3rd 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway *Address,* Home, Dept of Bay & Broadway

F. Y. Gain M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No 38833

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 9 Board of Health, City of Baltimore,

Permit No. 68833

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Vashti Bartlett

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 86 — *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co.

*Duration of Residence in the City of Baltimore,* 60 Years

*Place of Death,* {Give street and number} 431 Franklin St.

*Cause of Death,* First, (Primary,) Diseminated Cancer

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 3rd August 1882 Christopher D. Hylton M. D.

Medical Attendant.

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 75 N. Charles *Address,* ———

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58884 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Hester Hales

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 60 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Md.

*Duration of Residence in the City of Baltimore,* 52 years

*Place of Death,* { Give street and Number. } 89 Chew St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cancer of the Breast

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* August 3rd 82

{ *Undertaker,* Wm. H. Hickman

{ *Place of Business,* 234 N. Gay St

Jno. Brooke Bayne M. D., Medical Attendant

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 7 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE

*Date of Death,* July 31st 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Mary McCarthy

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* One Year *Years,* 10 *Months,* *Days.*

*Color,* white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 111 East Biddle St

*Cause of Death* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* three months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Aug 2d

*Undertaker,* [illegible]

*Place of Business,* 84 So Broadway

Geo J Simms M. D.
Medical Attendant.

*Address,* 240 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-8836 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lia Lehung

*Sex, Male or ~~Female.~~* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days,*

*Color,* Yellow

*Married, Single, ~~Widow~~ or ~~Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Hong Kong China

*Duration of Residence in the City of Baltimore,* one day

*Place of Death,* {Give street and Number.} 11 N High St

*Cause of Death,* First, (Primary,) Consumption of Lungs

Second, (Immediate,) Hemorrhage

*Duration of Last Sickness,* one hour

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 2nd 1882

*Undertaker,* Jas A Byrne

*Place of Business,* 63 Exchange Address, High St

W H Diffenderffer M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58837 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luvinia Sanders

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* — *Days,*

*Color,* ed

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 130 York St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Small Px

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* W Pub Cem

*Date of Burial,* Aug 2

*Undertaker,* J A Kerchner

*Place of Business,*

Geo. W. Dixon M. D.,

~~Medical Attendant~~.

*Address,* Cor. of Hall

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E Brown Investigator

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 15 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 1st 9 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Benjamin Brown

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Five *Years,* One *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 178 Hughes st

*Cause of Death,* First, (Primary.) Smallpox

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* W Pub Cem

*Date of Burial,* Aug 2

*Undertaker,* L A Kerchner

*Place of Business,*

W. C. Sandrock M. D.
Medical Attendant.

*Address,* 227 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58839 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Eizer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 156 Cross St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home

*Date of Burial,* Aug 3

*Undertaker,* B Hearle

*Place of Business,*

By Richard Cross M. D.,
Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ook of this Certific...

# Board of Health, City of Baltimore,

**Permit No.** 58816 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph M. Johnson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* — *Months,* *Days,*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt Co Md

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and Number.} Off Pier 31. B&O R.R. Locust Point

*Cause of Death,* First, (Primary,) Accidental drowning

Second, (Immediate,) "

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 2 1882

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

Ed A Bell M. D.,

* Medical Attendant.

Coroner

*Address,* 161 E Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 58841

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 3 1892 BALTIMORE

*Date of Death,* August 2 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Philip Rentz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 17 *Days.*

*Color,* white

*Married, Single, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and number.} 82 S. Eutaw St.

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 17 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Aug 3 1892

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St

Louis C. Kuhn M. D.,
per E.H.K. Medical Attendant.

*Address,* 226 Mulberry St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18

# Board of Health, City of Baltimore,

Permit No. 58842

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH AUG 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos McKale

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 2 *Years,* 10 *Months,* — *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 381 Scott St.

*Cause of Death,* First, (Primary.) Enlarged Glands Scrofulosis

Second, (Immediate.) Enlarged Glands

*Duration of Last Sickness,* 1 year 18 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* Aug 2nd 1882

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Mulberry

Robt Johnson M.D.,
Medical Attendant.

*Address,* 70 Cathedral St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

141

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. AUG 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Frederick Rauth

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ___ *Years,* 2 *Months,* 17 *Days.*

*Color,* White *Sex,* Male

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 2 Yrs 1½ days

*Place of Death,* {Give street and number.} 797 W Pratt St

*Cause of Death,* First (Primary,) Dyspepsia

Second (Immediate,) Thrush

*Duration of Last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* August 2nd 1882,

Wm T Larkin M. D.
Medical Attendant.

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518½ W. Baltimore St. *~~Address~~* 746 W Pratt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5 8814 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hunman

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 1 *Years* 7 *Months,* 20 *Days,*

*Color* Wht

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 86 Marie St

*Cause of Death,* First, (Primary,) Dysentery malignant

Second, (Immediate,) Cardiac Coll

*Duration of Last Sickness,* 2 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial.* Aug 2nd 1882

*Undertaker,* H. Saunders & Son

*Place of Business,* 252 Centre

J. Luther M. D., Medical Attendant.

*Address,* 245 E. Baltimore

Released

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58845 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Meyer

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. } Female

*Age,* 62 *Years,* *~~Months~~,* *~~Days~~,*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* { Cross out the word not required in this line. } Widow

*~~Occupation~~,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* { Give street and Number. } No 203. S. Holt St

*Cause of Death,* First, (Primary,) Hypertrophy of the Heart

Second, (Immediate,) Asthma

*Duration of Last Sickness,* ~ 7 days ~

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial.* Aug 4th 1882

*Undertaker,* J. C. Schunk

*Place of Business,* 265 Alice Anna

Thomas B. Evans M. D., Medical Attendant.

Address, 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Special Attention ... of this Certi...

11

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 18 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Trifle

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* Black *Sex,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* White-washer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give street and number.} 130 South Ann St

*Cause of Death,* {First (Primary,) Dropsy

{Second (Immediate,)

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cem J. G. Connolly M. D.

*Date of Burial,* Aug. 2d. Medical Attendant.

*Undertaker,* F. P. Namath

*Place of Business,* Cor. Scott & Pratt *Address* Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

4

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hahn

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Car Painter

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Frederick Co Md

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and number.} Boston Maryland Depot

*Cause of Death,* {First (Primary,) Second (Immediate,)} Caused by the Cars

*Duration of Last Sickness,* 10 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery J G Connolly *M. D.*

*Date of Burial,* Aug 3d Medical Attendant.

*Undertaker,* Geo Schilling *Address* Corner

*Place of Business,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

17

Permit No. 58848

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT AUG 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Steiner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Can-maker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 583 Hanover st

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Werman Cemetery

*Date of Burial,* August 4

*Undertaker,* B. Mark

*Place of Business,* 42 Wort St. *Address,* 513 [illegible]

C. [illegible] Cook *M.D.,*

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

3-5-8849

# Board of Health, City of Baltimore,

Permit No.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Estelle White~~ July 31 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle White

~~*Son, Male* or *Female*,~~ {Cross out the word not required in this line.}

*Age,* —— *Years,* 8 *Months,* 2 *Days.*

*Color,* Black

~~*Married, Single,* *Widow or Widower*,~~ {Cross out the word not required in this line.} ✓

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* 8 mo & 2 days

*Place of Death,* {Give street and number.} Dallas St. S. No 10

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Chol. Infto.

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Lionel Cemetery

*Date of Burial,* Aug 2 1882

*Undertaker,* William Dorsey

*Place of Business,* No 626 E Balto St

Wm H Norris M.D.,
Medical Attendant.

*Address,* 154 E. Balto St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

10

Permit No. 6885-0

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Alice Boston

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* *Days.*

*Color,* Blk.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 1 yr 6 mos

*Place of Death,* {Give street and number.} 42 / Lemmon Lane

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* one wk.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 3 1882nd

*Undertaker,* William Dunger

*Place of Business,* No 62 E Balt St

Herbert Harlan M.D.,
Medical Attendant.

*Address,* Balto. Gen. Disp.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

141

Permit No. 58857

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizi Price

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 7 *Years,* ——— *Months,* ——— *Days.*

*Color.* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Boston

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } 10 So Eutaw St

*Cause of Death,* { First, (Primary.) Second. (Immediate.) } Diphtheria

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Mount St Cemetery

*Date of Burial,* Aug 3 1882

*Undertaker,* William Bruce

*Place of Business,* No 62 East St

J. C. Thomas *M.D.,*

Medical Attendant.

*Address,* 141 N Carey St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death of the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and occupation (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58852 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2nd 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Lewis Cerr

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* ... *Months.* — 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and Number.} 340 S. Shark

*Cause of Death,* First, (Primary,) Tonsilitis

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Thursday 3

*Undertaker,* Jos Hartig

*Place of Business,*

Jno A Smith M. D.,
Medical Attendant.

*Address,* 281 S. Charles

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhardt Katz

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 76. *Years,* 7 *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germania

*Duration of Residence in the City of Baltimore,* 31 years

*Place of Death,* {Give street and number} corner Ala. Ellwood and Forest Pl

*Cause of Death* First, (Primary.) Marasmus.

Second, (Immediate.)

*Duration of last Sickness,* 6 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto

*Date of Burial,* Aug 4

*Undertaker,* Geo Schulley

*Place of Business,* *Address,*

John M. Sh. Lanette M. D.
No. 88 S. Eutaw St. Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 5873 / *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 26. August. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Smith.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 11 *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime.

*Place of Death,* {Give street and Number.} Lancaster Street 95.

*Cause of Death,* First, (Primary,) Morbilli

Second, (Immediate,) Exhaustio

*Duration of Last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug 28th 82

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe Sts

William Henkel M. D.,
Medical Attendant.

*Address,* S. Wolfe St. 117.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 18832

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5-885-5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH AUG 23 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lobe. Foster

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 68 *Years,* 2 *Months,* 18 *Days.*

*Color,* W

*Married, ~~Single~~, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Carpenter

*Birthplace,* { State of country, (and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } 533 East Fayette st

*Cause of Death,* { First, (Primary.) Second, (Immediate.) } Heart Disease

*Duration of last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Com

*Date of Burial,* Aug 3 1882

*Undertaker,* H. Saunders & Son

*Place of Business,* 202 Aisquith

R. M. Harris M. D.
Medical Attendant.

*Address,* Orangeville Balto Co

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 58856 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Frazier

*Sex, ~~Male~~ or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 4 *Months,* 7 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow or Widower~~

*Occupation,* ~~Married~~ Single ~~Widow or Widower~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 168 Greenmount Ave.

*Cause of Death,* First, (Primary,) /

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 3d

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Address, 36 Greenmount Ave

Silas N. Hunter M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58857 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART
AUG
3
1892
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Tuesday Aug 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florance V Bowers

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 6 Mons ~~*Days.*~~

*Color,* W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} S

*Occupation,* Non

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 141 Chesapeak St

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 141 Chesapeek St

*Cause of death,* First, (Primary,) Premature birth (about 8 mo)

Second, (Immediate,) Inanation

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Aug 3rd 1882

*Undertaker,* Deffrey & Morgan

*Place of Business,* 938 Broadway

J E Pichard M. D.,
Medical Attendant.

*Address,* 28 O Donnell St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5`8858 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug- 2-1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James S. Stroman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* 7 *Months,* 6 *Days.*

~~*Color,*~~

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} ~~Physician~~

*Occupation,* Physician

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Kentucky

*Duration of Residence in the City of Baltimore,* 40 years (about)

*Place of Death,* {Give street and number.} 86 N. Gilmor St

*Cause of death,* First, (Primary,) Enlarged Prostate gland

Second, (Immediate,) Chronic cystitis

*Duration of Last Sickness,* 2m 1d) 3/3 —

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt.

*Date of Burial,* Aug 3. 1882

*Undertaker,* Thos. L Hughes

*Place of Business,* 60 E Baltimore St

C. C. McDowell M. D.,
Medical Attendant.

*Address,* 642 W. Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5885 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 3 1882 BALTIMORE

*Date of Death,* August 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ritz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 1 *Days,* 14

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} No 129 S. Bond St

*Cause of Death,* First, (Primary,) Spasms

Second, (Immediate,) .....

*Duration of Last Sickness,* 1 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Dunday Cem

*Date of Burial,* August 3d 1882

*Undertaker,* Leonard Ritz

*Place of Business,* 129½ S Bond

J. D. [illegible] City M. D.,
Medical Attendant.

*Address,* 129 S Bond St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 5-8760 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE AUG 3 1882

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Franz Friedl

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 31 *Years,* 8 *Months,* — *Days,*

*Color,* Colour

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Baker

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* { Give street and Number. } N E Cor Aisquith & Lanvale Streets

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* One year

All the above Information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* 4 August

*Undertaker,* A. Fink

*Place of Business,* 461 W Fayette St

O. Polsun M. D.,
Medical Attendant.

Address, Cor Eager & Caroline Streets

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

N. 10 V

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Karnes

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow or Widower~~

*Occupation,* ~~—~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* ~~—~~

*Place of Death,* {Give street and number} 12 Hollins St

*Cause of Death* First, (Primary,) Atrophy

Second, (Immediate,)

*Duration of last Sickness,* about 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cecil Co. Md.

*Date of Burial,* August 3' 82

Robt K Knead M. D.
Medical Attendant.

*Undertaker,* H. W. Jenkins Son

*Place of Business,* 75 N. Charles St *Address,* 534 W Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 58862 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2nd 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt L. Hollins

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 86 *Years,* *Months,* *Days.*

*Color,* Wh:

*~~Married, Single, Widow or Widower,~~* {Cross out the words not required in this line.} V

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* during Life

*Place of Death,* {Give street and number.} 121 Park Ave.

*Cause of Death,* First (Primary,) Diarrhoea

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 3 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount.

*Date of Burial,* 4th August. 1882

*Undertaker,* H.W. Jenkins & Son

*Place of Business,* 75 N. Charles st

Wm. F. Lockwood M. D.
Medical Attendant.

*Address* Madison St. & Park Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Ce

# Board of Health, City of Baltimore,

Permit No. 58863 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Hartung

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and Number.} 76 Somerset

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Ischuria Renalis

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Stalphonsus

*Date of Burial.* Aug 4

*Undertaker,* H Hoeck & Son

*Place of Business,* 309 Central Ave

Geo. W. Benson M. D.,

~~Medical Attendant~~

*Address,* Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Chas R Cragg S.S.

# Board of Health, City of Baltimore,

Permit No. 58864 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 3 1882 BALTO. MD.

*Date of Death,* August 1 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm S Annaman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and Number.} 18 Hammond Alley

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial* Holy Cross Cem.

*Date of Burial.* Aug. 3. 1882

*Undertaker,* H. [illegible]

*Place of Business,* [illegible]

W H Duffendeffer M. D.
Medical Attendant.

*Address,* Hughes Flowman

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Ce...

# Board of Health, City of Baltimore,

Permit No. 58865 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Carroll

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 31 *Years,* 9 *Months,* *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Eleven Years

*Place of Death,* {Give street and Number.} Hull st. near Cuba

*Cause of Death,* First, (Primary,) Phthisis Pulmonary complicated with

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* About Three (3) Years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick Cem

*Date of Burial,* Aug. 4. 1882

*Undertaker,* M. A. Dwyer

*Place of Business,* 94 S. Bway

Jno. L. Wilkins M. D., Medical Attendant.

*Address,* 7 So. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# Board of Health, City of Baltimore,

Permit No. 58866 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Washington Blunt

*Sex, Male or Female,* {Cross out the word not required in this line.} V

*Age,* 35 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Washer & Ironer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} #267 Orleans St.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Haemoptysis

*Duration of Last Sickness,* Six (6) Months

All the above information should be furnished by the Physician.

*Place of Burial,* Harpst Cemetery

*Date of Burial,* Aug 4th 1882

Geo Fiay to. M. D.

Medical Attendant.

*Undertaker,* J. J. Fuchs

*Place of Business,* 73 E Fayette Address, 222 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 586

# Board of Health, City of Baltimore,

**Permit No.** 58867

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Johnson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 4 *Years,* 9 *Months,* 10 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City Balto

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 21 Storm St.

*Cause of Death,* First, (Primary,) Measels complycated with Malarial

Second, (Immediate,)

*Duration of last Sickness,* Three weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* Aug 3rd 1892

*Undertaker,* T. F. Fecks

*Place of Business,* 73 Jefferson

Jno L Simms M. D.
Medical Attendant.

*Address,* 240 E Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

11

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 38868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

AUG 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 1st August 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thomas ~~Lee~~ Kerr

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* ~~Months,~~ ~~Days.~~ 1

*Color,* White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Clerk.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life time.

*Place of Death,* {Give street and number.} 68 Richmond St. near Howard St

*Cause of Death,* First (Primary,) Consumption.
Second (Immediate,)

*Duration of Last Sickness,* 4 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 3rd 1882

*Undertaker,* Jos. F. Byrne

*Place of Business,* 59 N. Liberty St

Geo. J. Collins, M. D.
Medical Attendant.

80 W. John St.
*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 58869 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 3, 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roberts, Todd

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days.* V

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Farmer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md

*Duration of Residence in the City of Baltimore,* 4 days

*Place of Death,* {Give street and number.} 106 S. Bond Street

*Cause of death,* First, (Primary,) Malarial Fever

Second, (Immediate,)

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Patapsco near Balto

*Date of Burial,* August 4th 1881 Charles H. Thomas M. D.,

*Undertaker,* Dimmitt & Mitchell Medical Attendant.

*Place of Business,* 65 S Broadway *Address,* 66 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5887 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 3 1882

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Maria L. Grugan

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days,*

*Color,* White

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* Grocery Keep.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Thirty-three yrs.

*Place of Death,* {Give street and Number.} 92 S. Spring St.

*Cause of Death,* First, (Primary,) Mortis Brightii

Second, (Immediate,) Anasarca

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug. 4th. fourth

*Undertaker* Coulahan & Evans

*Place of Business,* 20. Valley St.

H. Glanville Fenwick M. D.,
Medical Attendant.

*Address,* Balt & Hanover Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

13 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 58811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

AUG 3 1882

*Date of Death,* Aug 2nd 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Clifton Mitchell,

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* ~~*Months,*~~ ~~*Days.*~~

*Color,* Brown

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and number.} 1068 Cider Alley,

*Cause of Death,* {First (Primary,) Heart disease (Valvular, Mitral)
Second (Immediate,)} Two Months.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loud Cemetary

*Date of Burial,* August 3rd 1882

*Undertaker,* Edward Severs

*Place of Business,* 2 & Druid Hill av

Edward M. Price M.D.
Medical Attendant.

*Address* No 199 N Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 58872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 2d August 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Griffith

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 87 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co, Md.

*Duration of Residence in the City of Baltimore,* 50 Years.

*Place of Death,* {Give street and number} 293 Franklin St.

*Cause of Death* First, (Primary,) Old Age

Second, (Immediate,)

*Duration of last Sickness,* Several weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Aug 4 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St.

N. W. Little M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58873 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fidelia Eckman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 70 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 38 Years

*Place of Death,* {Give street and Number.} No. 112 Eastern Ave

*Cause of Death,* First, (Primary,) Dropsy

Second, (Immediate,) .....

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Augt 3rd

*Undertaker,* Wendel Dippel

*Place of Business,* S. Bond st. 102

F. Kyle M. D., Medical Attendant.

*Address,* 229 Eastern Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 20 58874

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

DEPARTMENT
AUG 3
1892
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2d 1892.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lulu Inmer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* one *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Infant

*Occupation,* "

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* {Give street and number.} 156 Kenwood Ave.

*Cause of Death,* First, (Primary.) Hot Weather & Teething

Second, (Immediate.) Cerebral Meningitis

*Duration of Last Sickness,* One Week.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 4

*Undertaker,* [illegible]

*Place of Business,* [illegible]

[illegible] M.D.,
Medical Attendant.

*Address,* 31 Kenwood Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 68875 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 3, 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 2. XII. 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Kattman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days,*

*Color,* white

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and Number.} 101 S. South Gilmor St

*Cause of Death,* First, (Primary,) Tuberculur Meningetis

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* H. Of Mercy's

*Date of Burial,* Aug 14th 1882

Louis C. Han M. D.,
Medical Attendant.

*Undertaker,* Matthew Gaddis

*Place of Business,* 227 Mulberry St. *Address,* 226 Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 58876 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER OF DEATHS AUG 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2nd 882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Broderick

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days,* 0

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Labor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give street and Number.} 11 S Bruce St

*Cause of Death,* First, (Primary,) Cranial Colic

Second, (Immediate,)

*Duration of Last Sickness,* 30 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Aug 3rd 1882

*Undertaker,* Matthew Cadogan

*Place of Business,* 22 Mulberry St

C. James Ford M. D., Medical Attendant.

*Address,* 319 Aisquith St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58877 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 3 1882
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gennie Hubbert

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 19 *Months,* 2 6 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} No 4 Hubbert St

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,) ———

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Aug 4

*Undertaker,* Geo Schilling

*Place of Business,* ——— *Address,* ———

N. S. Cushman *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 58878 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug — 2 — 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Sullivan

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 17 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 207 Cookerie St

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

*Duration of Last Sickness,* 20 days. Perhaps.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters. Cem.

*Date of Burial,* Aug. 4. 1882.

*Undertaker,* M. A. Haiger

*Place of Business,* 74 S. Bdwy.

E. W. Janney M. D.,

Medical Attendant.

*Address,* 260 E Balt St

Duplicate

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58819 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Kohlerman

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* One *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Beeld City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and Number. } 46 S. Amm

*Cause of Death,* First, (Primary,) Scarlatina —

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Six (6) days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Ch

*Date of Burial,* August 4 1882

*Undertaker,* Henry Koch

*Place of Business,* 309 N. Central Av

Jno. L. Whitten M. D., Medical Attendant.

Address, 46 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 13 38880

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 3 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Johnson

*Sex,* ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* Negro

*Married,* ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* Musician

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Wilmington Del.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 52 King St

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* 7 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 4 1882

*Undertaker,* D McShane

*Place of Business,* 198 Howard

H. M. Wilson M.D.,
Medical Attendant.

*Address,* 207 Madison St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58761 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT. AUG 3 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lora Tribble

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* Seven (7) *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt city

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 300 Hamburg St

*Cause of Death,* First, (Primary,) Tetanus Neonatorum

Second, (Immediate,) Eclampsia

*Duration of Last Sickness,* Two (2) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 4th 1882

*Undertaker,* Ernest Schlemann

*Place of Business,* Sharp St near Hill

Address for Eager Franklin St

E. C. Schaub M.D.,

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58882 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Kabaska

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 1 *Months,* — *Days,*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* child

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 11 mos

*Place of Death,* {Give street and Number.} 44 Harrison St

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) Colic

*Duration of Last Sickness,* General Dap=was only called this a.m.

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Schalom

*Date of Burial,* August 4th

*Undertaker,* Wm Eilau

*Place of Business,* 101 Gough

A Krepshenzer M. D.,
Medical Attendant.

*Address,* 11 S. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 17 5588

# Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara A. Lang Dwry

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number.} 13 Boyd St

*Cause of Death,* First, (Primary.) Cirrhosis of Liver

Second, (Immediate.)

*Duration of Last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Aug 5

*Undertaker,* B. Hall

*Place of Business,* 82 West St

C. A. Cake *M.D.,*

Medical Attendant.

*Address,* 573 Eutaw

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# Board of Health, City of Baltimore,

Permit No. 58884 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Dorsey

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* —— *Months,* —— *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 32 Years

*Place of Death,* {Give street and Number.} 384 Hanover St

*Cause of Death,* First, (Primary,) Malarial Fever

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* H. Fitters

*Date of Burial,* August 5th

*Undertaker,* B. Glenn

*Place of Business,* 82 West Lee

[illegible] M. D.,
Medical Attendant.

Address, 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 55885 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1902 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Mary Mefadden~~ Aug 3, 1902

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mefadden

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days.*

*Color,* W.

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore?

*Duration of Residence in the City of Baltimore,* Many Years

*Place of Death,* {Give street and Number.} Home of the Friendless David H. Ar

*Cause of Death,* First, (Primary,) Phthisis pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* August 4th

*Undertaker,* William Weaver

*Place of Business,* No 202 Eutaw

I. E. Atkinson M. D.,

Medical Attendant.

*Address,* 223 Madison Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58886 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 4th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Clarke

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 70 about *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single,* ~~Widow or Widower~~ {Cross out the word not required in this line.} ✓

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 43 yrs.

*Place of Death,* {Give street and Number.} N. W. Cor. Mulberry & Paca Sts.

*Cause of Death,* First, (Primary,) Intussusception.

Second, (Immediate,) Exhaustion - septic poisoning from air of house in which she lived

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonn Pra

*Date of Burial,* Aug 6

*Undertaker,* J. H. Chalmers

*Place of Business,* 341 Penna ave

Clark Van Bibber M. D., Medical Attendant.

*Address,* 497 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

13

Permit No. 58887

# Board of Health, City of Baltimore,

## Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH D... AUG 1882 BALTIMORE...

# CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Burley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* One *Months,* 0 *Days.*

*Color,* Dark brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt city

*Duration of Residence in the City of Baltimore,* One month

*Place of Death,* {Give street and number.} No 93 Union Ave

*Cause of Death,* First, (Primary.) Unknown

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Lowell Cemetery

*Date of Burial,* August 3rd 1882

B F Bohrer M.D.,
Medical Attendant.

*Undertaker,* Mrs P Hammett

*Place of Business,* 317 Mulberry St *Address,* Cor Hoff & Dolphin

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

# Board of Health, City of Baltimore,

Permit No. 58888 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT AUG 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2nd, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Henry Gier

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 0 *Months,* 9 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 349 E. Lombard St.

*Cause of Death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,)

*Duration of Last Sickness,* Three Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas's

*Date of Burial,* Aug 4th 82 John H. Lehberger M. D.,

Medical Attendant.

*Undertaker,* G. Francis

*Place of Business,* Bauhl Wood Address, # 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 5-8887 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July & Aug. 3. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Kirby

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 5 *Years,* 0 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* { Give street and Number. } 373 N. Central Av.

*Cause of Death,* First, (Primary,) Scarlatina

Second, (Immediate,) Scarlatina & Hydrocephalus

*Duration of Last Sickness,* 4 wks. & 2 days

All the above information should be furnished by the Physician.

*Place of Burial* Balto. Cemetery

*Date of Burial,* Aug 4th 82.

*Undertaker,* Chas. H. Hickman

*Place of Business,* 234 E. Fayette

Geo. A. Hartman M. D., Medical Attendant.

*Address,* 305 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

19

Permit No. 58890

# Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 4 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hellen Riley

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* —— *Months,* —— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Laundress

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} St Marys Co Md

*Duration of Residence in the City of Baltimore,* 18 yrs

*Place of Death,* {Give street and number.} 41 N Paca St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Consumption

*Duration of Last Sickness,* about 2 yrs

All the above Information should be furnished by the Physician.

*Place of Burial,* St peters cemetery

*Date of Burial,* august the 4

*Undertaker,* M J Jordan

*Place of Business,* No 63 market

J G Innes M.D.,
Medical Attendant.

*Address,* 41 N. Paca St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Board of Health, City of Baltimore,

Permit No. 58891 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2nd 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Henry

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 10 *Months,* ——— *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 30 Shuter St.

*Cause of Death,* First, (Primary,) Enteritis

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 4 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 4th 1884

*Undertaker,* J. H. Jacobs

*Place of Business,* 73 Jefferson *Address,* Cor. Eden & Biddle

E. B. Tenby M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 58872 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 4 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 4 / 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Joyce Infant Lee

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 5 min. *Days,*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 429 Lee St.

*Cause of Death,* First, (Primary,) Aneurism of Umbical Cord.

Second, (Immediate,) " "

*Duration of Last Sickness,* 5 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Aug 4

*Undertaker,* Peter Lummis

*Place of Business* 315 Mulberry

Thomas O'Brien M. D., Medical Attendant.

*Address,* 39 N. Carey St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases c

# Board of Health, City of Baltimore,

Permit No. 58883 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 3. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Birdie Matthews

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 1 *Months,* 7 *Days,*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} No - 19 Parish Alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 15 mo.

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* August 4th 82

*Undertaker,* Edward Seed

*Place of Business,* 27 Druid Hill ave

Chas. H. Neff M. D.,
Medical Attendant.

*Address,* 306 N Fayette st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

# Board of Health, City of Baltimore,

Permit No. 5-8894 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Fanny Logan Finall

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 73 *Years,* ..... *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 250 Cross St

*Cause of Death,* First, (Primary,) Paralysis

Second, (Immediate,) .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* Aug 5

*Undertaker,* H Ross

*Place of Business,* .....

W. O. Bruce M. D.,
Medical Attendant.

*Address,* 206 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 58875 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 3rd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary J. Wilson

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 2 *Years,* 1 *Months,* 26 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Nil

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 108 E Eutaw

*Cause of Death,* First, (Primary,) Cerebral Meningitis

Second, (Immediate,) Apnoea

*Duration of Last Sickness,* 3 days

All the above Information should be furnished by the Physician.

*Place of Burial* St. Peters Cemetery

*Date of Burial,* Aug. 4th 1882

*Undertaker,* Jas. H. Ellicott & Co

*Place of Business,* Cor. Front & Monument

D. Shull M. D.

Medical Attendant.

*Address,* 148 N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 28826 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Charlotta Nelson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years~~, 8 *Months,* ~~Days~~,

*Color,* White

~~*Married*~~, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} No 504 Canton Ave

*Cause of Death,* First, (Primary,) Diphtheria –

Second, (Immediate,) – Croup

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Aug 4th 1882

*Undertaker,* Casper Eckhardt

*Place of Business,* 269 Canton Ave

Thomas P. Evans M. D., Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 5877

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Lee Lippe

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* Eight *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 102 Argyle Ave.

*Cause of Death,* {First, (Primary,) Tubercular meningitis

Second, (Immediate.) Hydrocephalus

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cem

*Date of Burial,* August 5th 1882

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

Eldridge C. Price M. D.,
Medical Attendant.

*Address,* 262 Madisow Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

5

# Board of Health, City of Baltimore,

Permit No. 58898

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Aug - 30 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul D. Cornish

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* — *Months,* — *Days.*

*Color,* African

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Washerwoman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Harford Co. Md

*Duration of Residence in the City of Baltimore,* 12 yrs.

*Place of Death,* {Give street and number.} 53 East St.,

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* 16 month —

All the above information should be furnished by the Physician.

*Place of Burial,* St Mary Cemetery

*Date of Burial,* August 1882

*Undertaker,* Wilmont Unger

*Place of Business,* 62 East St

W. A. B. Dillman M.D.,

Medical Attendant.

*Address,* 249 Carrollton Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

# Board of Health, City of Baltimore,

Permit No. 58877 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gudge Ballard

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* about 35 *Years,* *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Not Known

*Duration of Residence in the City of Baltimore,* 12 Days

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Ascites

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Aug 3/82

*Date of Burial,* Pr Lot Pub Comty,

*Undertaker,* Pro A Kachner

*Place of Business,* 150 Hanover Ave

Wesh M. D.,
Medical Attendant.

Address, University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

Permit No. 58900 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Magdelene Bruden

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* 4 *Months,* *Days.*

*Color,* C

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} ~~city~~ Virginia

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give street and number.} Brown's Wood

*Cause of death,* First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

*Duration of Last Sickness,* about ~~two~~ 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Cemetery

*Date of Burial,* Aug 4th 1882

*Undertaker,* Wilbur Wenger

*Place of Business,* 1162 E. Balt

J. A. Warren M. D.,
Medical Attendant.

*Address,* 206 N Eden

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Called to the Rules of Practice on Back.

# Board of Health, City of Baltimore.

Permit No. 58701 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Conklin

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 60 *Years,* —— *Months,* —— *Days.*

*Color,* White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number.} East Chas 441

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 4 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* August 6th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

Wm Correll M. D.,
Medical Attendant.

*Address,* 162 S Charles St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of

# Board of Health, City of Baltimore,

Permit No. 58702 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 4, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Johnson

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~Single,~~ ~~Widow~~ *or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* From birth

*Place of Death,* {Give street and number.} 32 S. Arm Street

*Cause of death,* First, (Primary,) Cancer of the breast

Second, (Immediate,)

*Duration of Last Sickness,* 4 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* August 6th 1882

*Undertaker* Denny & Mitchell

*Place of Business,* 65 S Broadway

C. & H. Thomas M. D.,

per C. Bierings M.D. Medical Attendant.

*Address,* 66 E. Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

Permit No. 58703 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Augusta Natalie Mary

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* — *Days,*

*Color,* white

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 4 S. W. Corner Patterson Ave & Bank St

*Cause of Death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,) the same

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* August 4th

Henry Lahey M. D.,

Medical Attendant.

*Undertaker,* Jos O Byrne

*Place of Business,* 63 Gwynn

*Address,* 163 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No 20

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 20 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1882 BALTIMORE, MD

## CERTIFICATE OF DEATH.

*Date of Death,* 8 mo 4th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Henderson.

*Sex, Male or Female,* {cross out the word not required in this line.} Female.

*Age,* 79 *Years,* *Months,* *Days.*

*Color,* White.

*Married, ~~Single,~~ Widow or ~~Widower,~~* {Cross out the word not required in this line.} Widow

*Occupation,* None.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 55 years

*Place of Death,* {Give street and number} 191 Argyle avenue

*Cause of Death* First, (Primary,) Cholera Morbus.

Second, (Immediate,) Congestion Brain

*Duration of last Sickness,* 4 or 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 6. 1882

*Undertaker,* Thos. E Hughes

*Place of Business,* 60 E Balto St

W. Riley M. D.
Medical Attendant.

*Address,* 306 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

# Board of Health, City of Baltimore,

Permit No. 58706 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

RECEIVED REGISTRAR'S AUG 5 1882 BALTIMORE, MD.

*Date of Death,* August 4, 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick W. Tiller

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } Male

*Age,* 52 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. } Married

*Occupation,* Music Printer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Pennsylvania

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* { Give street and Number. } 26 E. Baltimore St.

*Cause of Death,* First, (Primary,) Chronic Pneumonia,

Second, (Immediate,) Asthenia,

*Duration of Last Sickness,* 6 mos.

All the above information should be furnished by the Physician.

*Place of Burial.* Green Mount Cemetery

*Date of Burial.* August 7th 1882

*Undertaker,* Chas. S. Hughes

*Place of Business,* 60 E. Baltimore St. *Address,* 55 E. Baltimore St.

J. W. Hanck M. D., Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

Permit No. 18906 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 1882 BALTIMORE, MD.

*Date of Death,* Aug 4th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Loan

*Sex, Male ~~or Female,~~* { Cross out the word not required in this line. }

*Age,* 66 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,* Cabinet Maker

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } England 52 Years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 25-3 E. Biddle

*Cause of Death,* First, (Primary,) Complication of Diseases

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 6th 1882

*Undertaker,* F. Frank Loan

*Place of Business,* 654 W Balto St *Address,*

Jno. B. Reynolds M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Numbers below, and to List of Diseases on Ba...

# Board of Health, City of Baltimore,

Permit No. 58707 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Apfel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* 5 *Months,* *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* weaver

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give street and Number.} 989 W Pratt st

*Cause of Death,* First, (Primary,) Inflammation of Brain

Second, (Immediate,)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Monday Aug 7th

*Undertaker,* J. A. & R. Lee

*Place of Business,* Lee & Sutton's *Address,* 814 Hillen

James Boxley M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 20

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 18208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward T. Smith

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} M

*Occupation,* Salesman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Essex Co. Va.

*Duration of Residence in the City of Baltimore,* 11 Years

*Place of Death,* {Give street and number} 115 North Gilmore St

*Cause of Death* { First, (Primary,) Stomach Ulcer
Second, (Immediate,) Diarrhoea - Exhaustion

*Duration of last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cy

*Date of Burial,* August 6th 1882

Harvey Hill M. D.
Medical Attendant.

*Undertaker,* STEWART & BOWEN, UNDERTAKERS.

*Place of Business,* 30 Park Ave.

*Address,* 119 Edmondson Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

Permit No. 58909 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Spencer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 12 Clarkson alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera infantum.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* Aug 7

*Undertaker,* Geo W Perkins

*Place of Business,*

Geo. H. Dixon M. D.,
~~Medical Attendant.~~

*Address,* Com. of Death

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. (OVER.)

Geo R Cragg St

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

# Board of Health, City of Baltimore,

Permit No. 58910 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* aug 4 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Dunnock

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 37 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Emmitsburg

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 178 Tyson st

*Cause of death,* First, (Primary,) Bleeding Ogstenby

Second, (Immediate,)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* August 5 1882

*Undertaker,* [illegible]

*Place of Business,* [illegible]

C Winslow M. D.,
Medical Attendant.

*Address,* 23 McCulloh st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 43 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4-8711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kaufman Frank

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 65 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Retired Merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bavaria, Germany

*Duration of Residence in the City of Baltimore,* 27 Years

*Place of Death,* {Give street and number} 22 Paul St

*Cause of Death* { First, (Primary,) Unknown
Second, (Immediate,) Paralysis

*Duration of last Sickness,* 26 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Eden & Hebrew

*Date of Burial,* Aug. 6th 1882

*Undertaker,* Wm. Eilau

*Place of Business,* 101 Gough St

L. E. Clagett M. D.
Medical Attendant.

*Address,* 36 S. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

# Board of Health, City of Baltimore,

Permit No. 58912 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Dietrich

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* 18 *Years,* — *Months,* — *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Hatmaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 37 E. Fayette

*Cause of Death,* First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* August 6th 1882

*Undertaker,* Benj. Bartlett

*Place of Business,* 62½ W. Balt St

F. Fussell M. D.,
~~Medical Attendant.~~

Address, 248 E. Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58913 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this ~~Certificate, accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 5 1882 BALTIMORE, MD.

*Date of Death,* Aug 4. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Davis

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days,*

*Color,* C.

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 3 mo

*Place of Death,* {Give street and Number.} No. 100 Raborg St

*Cause of Death,* First, (Primary,) .....

Seco. 3, (Immediate,) Marasmus

*Duration of Last Sickness,* 3 mo.

All the above information should be furnished by the Physician.

*Place of Burial,* Shark's

*Date of Burial,* Aug 5

*Undertaker* J Davis

*Place of Business,* .....

C W Neff M. D.,
Medical Attendant.

*Address,* 306 N. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

8

# Board of Health, City of Baltimore,

Permit No. 58914

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Sophia Aldwell

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and number.} 253 N. Calvert st

*Cause of Death,* First, (Primary.) Cholera Morbus

Second, (Immediate.)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* August 5-82

*Undertaker,* Chas T Scriven

*Place of Business,* 271 Eutaw st

D. C. Williams M.D.,
Medical Attendant.

*Address,* 201 Mad. Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

This Special Investigation [illegible] Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 18915 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Reed

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 130 West St.

*Cause of Death,* First, (Primary,) Scarlatina

Second, (Immediate,)

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet

*Date of Burial,* Aug 5 82

*Undertaker,* B. Kane

*Place of Business,* 82 West St.

Jno. A. Smith M. D., Medical Attendant.

*Address,* 38 E. Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

15

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 58916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Friday Aug 4 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Kris.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* 5 *Months,* 25 *Days.*

*Color,* White *Sex,* female

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Lady

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* All but Last Life

*Place of Death,* {Give street and number.} 155 S. Charles St

*Cause of Death,* First (Primary,) Some Cerebral affection

Second (Immediate,) Bronchial Consumption.

*Duration of Last Sickness,* Several Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cemetery J. R. McHenry M. D.

Medical Attendant.

*Date of Burial,* Aug 7th.

*Undertaker,* B. Stark

*Place of Business,* 82 West St *Address* 71 Franklin St Baltimore.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 38917 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 4. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isadore Market

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days,*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and Number.} No - 143 2nd St

*Cause of Death,* First, (Primary,) Demented with

Second, (Immediate,) Epilepsy

*Duration of Last Sickness,* Three years

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park cemetery

*Date of Burial,* Aug 6th 1882

*Undertaker,* Jos H. Cook

*Place of Business,* No 707 W Baltimore Street

Chas. F. Neff M. D.,
Medical Attendant.

*Address,* 306 N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58918 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Thos. Elmer Comaelman

*Sex, Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* ..... *Years,* 18. *Months,* 20. *Days.*

*Color,* White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 65 S. Sticker

*Cause of Death,* First, (Primary,) Effusion at base of brain

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial* St. Peters Cem.

*Date of Burial,* Aug 6. 1882

*Undertaker,* J. B. Cook

*Place of Business* 707 W. Balto St. *Address,* 582 Fayette,

J. G. Littlecum M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58919 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jean Hoppert

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 22 *Days,*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State of country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} N. 476 N. Washington Av

*Cause of Death,* First, (Primary,) Miliar Tuberculosis.

Second, (Immediate,) the same

*Duration of Last Sickness,* Lifetime

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 6th of Aug. 1882

*Undertaker,* John Herangel

*Place of Business,* 382 Orleans St

Henry Salzer M. D.,
Medical Attendant.

*Address,* 163 W Conway St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58820 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4, 1882,

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Wiart

*Sex,* Male ~~or Female.~~ { Cross out the word not required in this line. }

*Age,* Forty two Years, — Months, — Days.

*Color,* White

*Married,* ~~Single, Widow or Widower.~~ { Cross out the word not required in this line. }

*Occupation,* Ice Dealer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* Thirty Years

*Place of Death,* { Give street and Number. } 201 Hollins St

*Cause of Death,* First, (Primary,) " Phthisis Pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial* St. Alphonsas Cem.

*Date of Burial,* Aug 6 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St *Address,* 584 W Fayette

G. Smith M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

**Permit No.** 68721 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate A. Letts.

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female.

*Age,* — *Years,* 4 *Months,* 28 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 249 Bank St.

*Cause of ~~Death~~,* {First (Primary,) Gastro Enteritis

Second (Immediate,)

*Duration of Last Sickness,* 2 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem.

*Date of Burial,* Aug 6th 82

{*Undertaker,* G. Frank

{*Place of Business,* Pants & Wolf

Jno. F. Powell M. D.
Medical Attendant.

Address 227 Canolton Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 18922 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Grace Jr

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 1062 E Druham St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Croup

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Stephens

*Date of Burial,* Aug 6th 82

*Undertaker,* C. Fraser

*Place of Business,* Bank & Woy *Address,* 942 Patapsco

M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, color, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physician is Respectfully Invited to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58723 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parente.} John A. Goswiler

*Sex, Male or Female,* {Cross ont the word not required in this line.} Male

*Age,* — *Years,* 7 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross ont the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 545 Franklin St.

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Aug 6

*Undertaker,* Geo. Shriver

*Place of Business,* 198 E. Balt

H. F. Hill M. D.,
Medical Attendant.

*Address,* 443 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully I[illegible] to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 58724 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick a Zimm

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* One *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 51 Crooks St

*Cause of death,* First, (Primary,) Cholera Infantum & Pneumonia

Second, (Immediate,)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul's Cemetery

*Date of Burial,* August 5 1882

*Undertaker,* John Heaney

*Place of Business* 382 Orleans St *Address,* 260 E Balto St

E. W. Janney, M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore, 1882.

Permit No. 58725 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 5 1882 Baltimore, Md.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Hurst.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 59 *Years,* — *Months,* — *Days,*

*Color,* Colored.

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single.

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} U. S.

*Duration of Residence in the City of Baltimore,* Not known

*Place of Death,* {Give street and Number.} City Hospital.

*Cause of Death,* First, (Primary,) Bright's Disease

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* 3 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* M Coleman

*Date of Burial,* Aug 5th

*{Undertaker,* P Rubcam

*{Place of Business,*

I. Fraser Thomas M. D.,
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 18926 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 3rd 182

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marie Edettas Gunn

*Sex,* ~~Male~~ or *Female,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* 9 *Months,* 22 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 53 S. Collington Ave

*Cause of Death,* First, (Primary,) Septicaemia

Second, (Immediate,) Pyaemia

*Duration of Last Sickness,* 19 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Aug 6. 182

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Bway

John F. Hammond M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58927 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Hamm

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 12 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 308 Aliceanna

*Cause of Death,* First, (Primary,) Premature birth

Second, (Immediate,)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* 1st United German cty

*Date of Burial,* Aug 5

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Aliceanna

Geo. H. Benson M. D.,
~~Medical Attendant.~~

Address, Com. of Health

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Geo R Bragg S.P.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58728 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 5 1882
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 4th august 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Donna Kylander

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~*Years,*~~ 19 *Months,* 21 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} No 140 Central Avenue

*Cause of Death,* First, (Primary,) Heart's

Second, (Immediate,) Infirmation Lungs

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* August 5 82

*Undertaker,* M. Frank

*Place of Business,* 35 Bank St

John Glover M. D.
Medical Attendant.

*Address,* 34 N High St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 08929 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Foreman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* about 40 *Years,* *Months,* *Days.*

*Color,* Black

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Stevedore

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Queen Anns Cty Md

*Duration of Residence in the City of Baltimore,* about 20 yrs

*Place of Death,* {Give street and number.} 55 Williamson st

*Cause of death,* First, (Primary,) Acute Bronchitis

Second, (Immediate,)

*Duration of Last Sickness,* Nearly three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Pk

*Date of Burial,* August 5

*Undertaker,* H Ross

*Place of Business,* 95 Lombard st

Julius Hall M. D.,
Medical Attendant.
*Address,* Southern Dispensary
77 Hill st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58930 *Office of Registrar of Vital Statistics.* Ward X-3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 5 1882

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stella Washington

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* ~~Years,~~ 2 *Months,* 7 *Days,*

*Color,* Black

*~~Married, Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } 74 Cider Alley

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* { Give street and Number. } 74 Cider Alley

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) asthenia

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 5

*Undertaker,* Ross

*Place of Business,* 95 Conway St.

F West *M. D.,*

Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 5-8731 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank A Schwalka

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow, or Widower,* {Cross out the word not required in this line.} Married Widower

*Occupation,* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All his life √

*Place of Death,* {Give street and Number.} 217 Saratoga St

*Cause of Death,* First, (Primary,) Phthisis Pulm

Second, (Immediate,) Hemorrhage

*Duration of Last Sickness,* 3 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Stone Chapel Baltimore Co

*Date of Burial,* aug 6

*Undertaker,* C W Blizzard

*Place of Business,* 198 Pratt Ave

Jno B Dunn M. D., Medical Attendant.

*Address,* 64 N Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5

# Board of Health, City of Baltimore,

Permit No. 58932

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 4 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eleanor A Bailey

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 67 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Westmoreland Co Va

*Duration of Residence in the City of Baltimore,* 39 years

*Place of Death,* { Give street and number. } 61 Eutaw St.

*Cause of Death,* First, (Primary.) Organic Disease of the Heart

Second, (Immediate.) General Dropsy

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* July 6th 1882

*Undertaker,* Jos B. Cook

*Place of Business,* No 707 W. Baltimore St

Wilmer Brinton M.D.,
Medical Attendant.
per Dr. Scarff M.D.

*Address,* 25½ Greenmount Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

13

Permit No. 68983

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 4 1892 BALTIMORE

*Date of Death,* Aug. 4th 1892.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry R. Mason

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 15 *Months,* 13 *Days.*

*Color,* Bright Indian

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bath, Me.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 5 Wanchester St.

*Cause of Death,* First, (Primary.) Tubercular

Second, (Immediate.) Meningitis

*Duration of Last Sickness,* about 10 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Lamb Cemetery

*Date of Burial,* Aug. 5th 1892

*Undertaker,* [illegible]

*Place of Business,* [illegible]

W. B. Rich, *M.D.,*
**Medical Attendant.**

*Address,* [illegible]

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58784 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L Jackson

*Sex, ~~Male~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 4 *Months,* *Days,*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and now long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 31 Wagon alley

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) " "

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Auburn

*Date of Burial,* Aug 5th 1882

*Undertaker,* S. W. Chase

*Place of Business,* 158 E. Howard St

Thomas Opie M. D.,
Medical Attendant.

*Address,* 39 N. Carey

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended deceased in his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 58935 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 6 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 5 — 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Meyer Hillson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 50 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Umbrella Maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Poland — Russia

*Duration of Residence in the City of Baltimore,* 13 yrs

*Place of Death,* {Give street and Number.} 44 E. Balto St.

*Cause of Death,* First, (Primary,) Haematuria

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 7 mos —

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Israel

*Date of Burial,* 6th August

*Undertaker,* Wm Eilau

*Place of Business,* 101 Gough St

D. Stutt M. D.

Medical Attendant.

*Address,* 143 N. Eden St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over.}

# Board of Health, City of Baltimore,

Permit No. 58536 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, AUG 6 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* [redacted] Aug 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. M. Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* 1 *Months,* 14 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 56 Chestnut St

*Cause of Death,* First, (Primary,) ———

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 6 1882

*Undertaker,* William Nunez

*Place of Business,* No 62 E Ost St

Silas M. Hunter M. D.,
Medical Attendant.

*Address,* 36 Greenmt Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 28937

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 36557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 6 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Stewart

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 41 *Years,* ——— *Months,* ——— *Days.*

*Color,* Colored *Sex,* Female.

*Married, Single, Widow or Widower* {Cross out the words not required in this line.} widow

*Occupation,* Washer & Ironer.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During life time

*Place of Death,* {Give street and number.} 16 N. Dallas st

*Cause of Death,* First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Hemmorhage of Lungs

*Duration of Last Sickness,* about seven weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* August 6 th

*Undertaker,* [illegible]

*Place of Business,* 38 Gay

John N. Lemmon M. D.
Medical Attendant.

*Address* 238 E. Pleasant st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 58938

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 38558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT
AUG 6 1882
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Austin Corsley

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ~~Years,~~ *Months,* 2 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 15 Mechanics Court

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 15 Mechanics Court.

*Cause of Death,* First, (Primary,) Prolonged Labor

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* August 7

H. J. Wilcox M. D.
Medical Attendant.

*Undertaker,* C. F. Mott

*Place of Business,* [illegible] *Address,* 81 Hiscock St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & SON CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58535

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT. AUG 6 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* July 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wm Fuhrer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* — *Months,* 17 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 383 Alice ann St

*Cause of Death,* First, (Primary.) Intestinal Inflammation

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 14 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug 7th 82

*Undertaker,* C. France

*Place of Business,* Bank & Way

Edw. H. Hiss M.D.,
Medical Attendant.

*Address,* 53 Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58540 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 6 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Futell Infantile Letharg.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* ..... *Years,* — *Months,* — *Days,* 5

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore 208 E Chase St.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 208 E Chase St.

*Cause of Death,* First, (Primary,) Infantile Letharg.

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* About 24 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Trapp Road

*Date of Burial,* Aug 6th

*Undertaker,* H. C. Winkfield

*Place of Business,* 90 Greenmount Ave

J. E. Heard — M. D.,
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58541 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 6 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Scott.

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* Seventy *Years,* *Months,* *Days.*

*Color,* Brown

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Washerwoman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* 70 years

*Place of Death,* {Give street and number.} No. 15½ Pierce st.

*Cause of death,* First, (Primary,) Paralysis

Second, (Immediate,)

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Aug. 6 1882

*Undertaker,* S W Chase

*Place of Business,* 138 Howard st

F. B. Gardner M. D.,
Medical Attendant.

*Address,* 120 N. Greene st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58942 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED REGISTRAR'S DEPARTMENT AUG 6 1902 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1902

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Blunt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* — *Months,* — *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give street and Number.} # 53 Frederick St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) "

*Duration of Last Sickness,* 4 or 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug. 6

*Undertaker,* J. F. McHase

*Place of Business* 178 Monroe

Dr. [illegible] M. D.,
Medical Attendant.

*Address,* 161 S. Thos. [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No 58943

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58543

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE AUG 6 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 5th August 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Oberman

*Sex,* ~~Male~~ or Female, {cross out the word not required in this line.}

*Age,* one *Years,* Year *Months,* 28 *Days.*

*Color,* White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* 0

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* for life time

*Place of Death,* {Give street and number} 329 E. Lombard St

*Cause of Death,* First, (Primary,) Enteritis with Irritation

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Some weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus (Cemetery)

*Date of Burial,* August 7th 1882

*Undertaker,* Peter Lahr

*Place of Business,* 166 Balto St

G Mayer M. D.
Medical Attendant.

*Address,* 583 Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

{over}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58944 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT.
AUG 6 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Hurley

*Sex, Male or Female,* {Cross out the word not required in this line.} Hurley 6

*Age,* 24 *Years,* ..... *Months,* ..... *Days,*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ..... ✓

*Occupation,* Laborer.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Louisiana

*Duration of Residence in the City of Baltimore,* two years

*Place of Death,* {Give street and Number.} # 715 Paca st.

*Cause of Death,* First, (Primary,) Malarial.

Second, (Immediate,) Typhoid Fever

*Duration of Last Sickness,* one week.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Aug 7th 1882

*Undertaker,* J B Cook

*Place of Business,* 707 East Fay. *Address,*

Truman Gill M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58545. *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 6 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Eichinger

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 59 *Years,* —— *Months,* —— *Days,* 7

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.} Widower

*Occupation,* Blacksmith

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 36 Years

*Place of Death,* {Give street and Number.} 7 Perry St

*Cause of Death,* First, (Primary,) Laryngeal Phthisis

Second, (Immediate,) Oedema of Glottis

*Duration of Last Sickness,* 7 months

All the above Information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Aug 6th

Wm Gomel M. D., Medical Attendant.

*Undertaker* Armstrong & Denny

*Place of Business,* Cor of Light & Montgomery *Address,* 1705 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 58946

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
AUG 6 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Estelle Burgess

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... 2 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ Single

*Occupation,* ~~Child~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 128 Pearl St Baltimore Md.

*Cause of Death* { First, (Primary,) Marasmus
Second, (Immediate,) " "

*Duration of last Sickness,* about One week

All the above information should be furnished by the Physician.

*Place of Burial,* Friends Cemetery

*Date of Burial,* August 6th 1882

Jos. Lloyd Martin M. D.
Medical Attendant.

*Undertaker,* Wm Weaver

*Place of Business,* No 202 W. Eutaw St. *Address,* 38 W. Vernon Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58947 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 6 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 5th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Valentine.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and Number.} St. Vincent's Infant Asylum,

*Cause of Death,* First, (Primary,) Cholera Infantum —

Second, (Immediate,) .....

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae.

*Date of Burial,* Aug. 6/82.

*Undertaker,* Pat'k Hunt.

*Place of Business,* Girvin & Townsend

R. H. Goldsmith M. D.,
Medical Attendant.

*Address,* Harlem av. Calhoun St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58948 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 5th - 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. J. Simpson.

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 1 *Months,* 14 *Days,*

*Color,* White.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* (

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Boyview asylum.

*Duration of Residence in the City of Baltimore,* Life —

*Place of Death,* {Give street and Number.} St. Vincent Infant Asylum.

*Cause of Death,* First, (Primary,) Scrofula.

Second, (Immediate,)

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae.

*Date of Burial,* 6 Aug —

*Undertaker,* Pet. Hunt.

*Place of Business,* Division & Fremont

R. W. Goldsmith M. D.,
Medical Attendant.

*Address,* Harlem Av. Calhoun St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully ... to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 58545 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. AUG 6 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5" 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Backer.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 10 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} #326 Canton Ct, E

*Cause of death,* First, (Primary,) ...

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Harmal

*Date of Burial,* Aug 6" 82

*Undertaker,* Jno Stone

*Place of Business,* Bank St

... *M. D.,*

Medical Attendant.

*Address,* ...

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childre... [OVER.]

Dr. F. Fitzhugh 2nd Precinct

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

18

# Board of Health, City of Baltimore,

Permit No. 55950 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRATION DEPARTMENT
AUG 6 1892
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5. 92.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Landus

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 76 *Years,* ..... *Months,* ..... *Days,* V

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 9 Hunter St

*Cause of Death,* First, (Primary,) Dropsy

Second, (Immediate,) asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Large [illegible]

*Date of Burial,* Aug 6 1892

*Undertaker,* H Ross

*Place of Business* 95 Conway

W. S. Booze M. D.,
Medical Attendant.

*Address,* 206 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58959 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 6 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Gray

*Sex, Male or Female,* {Cross out the word not required in this line.} F.

*Age,* 2 *Years,* 1 *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 36 Philpot St

*Cause of death,* First, (Primary,) Gastro-enteritis

Second, (Immediate,) asthenia

*Duration of Last Sickness,* 9 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Holly Cross Cem.

*Date of Burial,* Aug 6th 1882

*Undertaker,* Wood Lloyd

*Place of Business,* 157 S Bond St

Jno. S. Lynch M. D., Medical Attendant.

*Address,* 1 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Board of Health, City of Baltimore,

Permit No. 58952

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hon. Henry Strong

*~~Sex, Male or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 19 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 117 Jefferson St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Aug 7th 1882

*Undertaker,* Hm J. Rous

*Place of Business,* 84 N. Bdy

G. L. Kummerow M.D.,
Medical Attendant.

*Address,* 73 E. Pratt St

**~~Extract from Regulations of the Board of Health to Secure a Full and Correct Record of~~ Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58953 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Miss Nettie Dehaven

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 43 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* { Give street and number. } 443 Franklin St

*Cause of death,* First, (Primary,) Typhomalaria

Second, (Immediate,)

*Duration of Last Sickness,* 2 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 8th 1882

*Undertaker,* Hutchins

*Place of Business,* 45 N Gay St

H. F. Hill M. D.,

Medical Attendant.

*Address,* 443 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58964 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 E 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Hannel

*Sex, Male or Female,* {Cross out the word not required in this line.} White

*Age,* *Years,* 10 *Months,* *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 110 S Durham St

*Cause of Death,* First, (Primary,) Dissentary and Convulsion

Second, (Immediate,)

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* the 7th August

*Undertaker,* Mr Fell

*Place of Business,* Baltimore St

Geo. H. Emmons M.D.,

~~Medical Attendant.~~

*Address,* Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 6 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

STATE DEPARTMENT AUG 7 E 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Korty

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* ... *Months,* 7 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* an adult

*Place of Death,* {Give street and number.} 257 Jefferson St

*Cause of Death,* First (Primary.) Want of necessary vitality

Second (Immediate.) Premature birth about 6 or 8 weeks before time

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius Cemetery B. H. Grove M. D.

*Date of Burial,* August 7. 1882 Medical Attendant.

*Undertaker,* John Feeney

*Place of Business,* 382 Orleans St Address 128 Chew St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 38956 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Schmitt

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 26 *Years,* *Months,* 20 *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 68 Portland St.

*Cause of Death,* First, (Primary,) Typhoid fever

Second, (Immediate,) Perforation

*Duration of Last Sickness,* 3 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 8th 1882

*Undertaker,* Geo. Leimbach

*Place of Business,* 384 W. Balto St.

Wm Gomel M. D., Medical Attendant

*Address,* 170 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

8

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 18957

HEALTH DEPARTMENT
AUG 17 E 1882
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Magalina Marshall

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* — *Days.*

*Color,* Bright

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto Md

*Duration of Residence in the City of Baltimore,* Fifteen

*Place of Death,* {Give street and number.} 50 Liberty Alley

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Cholera Infantum

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 7th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 60 Greenmount Av

Thos J. Ward M. D.
Medical Attendant.

*Address* 127 St Paul

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 18958 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 5th August 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Boor

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 3 *Months,* 5 *Days,*

*Color,* Colored Child

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 66 Wilmer alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Swan Pt. or Cemetery

*Date of Burial,* August 7 1882

*Undertaker,* Alex Hemsley

*Place of Business,* 1160 Orchard St

John H. Walker M. D.,
Medical Attendant.

*Address,* 163 Arlington and Monument St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to Remarks Below, and to List of Diseases on Back of this Certificate.

# 13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sat Aug 5th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents} Fannie Parlow

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* — *Months,* — *Days.*

*Color,* Black

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Waitress

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Richmond Va

*Duration of Residence in the City of Baltimore,* Seven years

*Place of Death,* {Give street and number.} No 165 King St

*Cause of Death,* {First (Primary.) Fatty degeneration of the heart

Second (Immediate,) Heart Disease 3 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 7-1882

*Undertaker,* W M Master

*Place of Business,* 46 East Pratt St

H Nelson M. D.
Medical Attendant.

*Address* Caldwell

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of ____ is respectfully Invited to the Remarks Below, and to Lists on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58760 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 E 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday August 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Livingston Leuf

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* 3 *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* All its life

*Place of Death,* {Give street and number.} 392 N. Livingston St.

*Cause of death,* First, (Primary,) Indigestion

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* All its life

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 7th August.

*Undertaker,* Wm. Weaver.

*Place of Business,* 202 N. Eutaw

Dr. Emmett Norris M. D., Medical Attendant.

*Address,* 561 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

15

# Board of Health, City of Baltimore,

Permit No. 58961

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Meeks

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 70 *Years,* 7 *Months,* ..... *Days.*

*Color,* White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Prussia 40 yrs

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 29 Little Church St

*Cause of Death,* First, (Primary.) Bronchial Pneumonia

Second, (Immediate.) General Debility

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mont Olivet

*Date of Burial,* Aug 8 1882

*Undertaker,* Anthony Denny

*Place of Business,* 263 Light

W. B. Stoble M.D.,
Medical Attendant.

*Address,* 50 Hanover

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respe lly Invi ed to the Remarks Below, and to t

# Board of Health, City of Baltimore,

Permit No. 58962

*Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 E 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1892 8:30 P. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Alvin Keith,

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Seven (7) Years, ——— Months, Twenty-nine (29) Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and number.} # 2 Polapsco St.

*Cause of death,* First, (Primary,) Diphtheria

Second, (Immediate,) Septicaemia

*Duration of Last Sickness,* Ten (10) days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Aug 8/1892

*Undertaker,* Smith & Denny

*Place of Business,* 263 Light St

Edmund Chevrier M. D.,
Medical Attendant.

*Address,* S.E. Cor. Columbia Ave. & Fremont St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58963 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Sheldon

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 39 *Years,* *Months,* *Days,*

*Color,* W.

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Glass-blower

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } England

*Duration of Residence in the City of Baltimore,* 20

*Place of Death,* { Give street and Number. } 4 Fort Street

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 7 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Aug 7/1882

*Undertaker,* Armstrong & Penny

*Place of Business,* 263 Light St

R. H. P. Ellis M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58964 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 E 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Moylan

*Sex,* ~~Male~~ or *Female,* { Cross out the word not required in this line. }

*Age,* 20 *Years,* *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 5 Mott Alley

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 12 days

All the above information to be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug. 9 '82

*Undertaker,* Henry Hardesty

*Place of Business,* 3 E. Centre St. *Address,* Calvert Monument

Geo B Reynolds M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 38765 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 6th August 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gandy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* *Months,* *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Jersey City (America)

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} asylum of the Little Sisters of the Poor S. cor. John and Valley Streets.

*Cause of Death,* First, (Primary,) A fall

Second, (Immediate,) Fracture of Cervical Spine

*Duration of Last Sickness,* one week

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial.* August 8th 1882

*Undertaker,* Henry Schelthein

*Place of Business,* *Address,*

Wm. A. Rodenbaugh M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 18966

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# // Board of Health, City of Baltimore,

Permit No. 18966

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rubert Ockame

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 3 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} Cor Pearl & Chestnut Al

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Marasmus

*Duration of last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Augt 4 1882

*Undertaker,* B W Chase

*Place of Business,* 198 Howard St

Wm B Tuttle M. D.
Medical Attendant.

*Address,* NE Cor Green & Mulberry

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. AND be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

[OVER

for Burials, to the Office whence issued, Saturday of each week.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

**Permit No.** 58767 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 E 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 5th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Stanley

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 60 *Years,* ..... *Months,* ..... *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Scotland

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* { Give street and Number. } 56 Hanover

*Cause of Death,* First, (Primary,) Diarrhoea

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* One week

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Aug. 7. 1882

*Undertaker,* M. A. Dwyer

*Place of Business,* 745 S. Broadway

Geo. L. Wilson M. D., Medical Attendant.

*Address,* 71 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 20708.

**The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.**

8

# Board of Health, City of Baltimore,

*Permit No.* 58968

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William a William

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 63. *Years,* *Months,* *Days.* V

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Merchant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Frederick Co Md

*Duration of Residence in the City of Baltimore,* 53 Years

*Place of Death,* {Give street and number.} 273 St Paul St

*Cause of Death,* First (Primary,) Bright disease

Second (Immediate,)

*Duration of Last Sickness,* Seven Months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 8th August 1882

W J Murdock M. D.
Medical Attendant.

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 75 N. Charles St *Address* 81 Read St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of ... Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5.8969 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie K. Morris

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* — *Months,* 6 *Days.*

*Color,* Wh

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt city

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 63 N Bway

*Cause of death,* First, (Primary,) Tuberculosis Pulmonum

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 14 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* August 8th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

E B Burton M. D., Medical Attendant.

*Address,* 51 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Fi... for Burials to the Offic... on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58920 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolin A Belz

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* 22 *Days.*

*Color,* Wh.

*~~Married,~~ Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 32 S Regester St.

*Cause of death,* First, (Primary,) Inanition

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 7th 1882

*Undertaker,* Henry J Mitchell

*Place of Business,* 66 S Broadway

E B Cullom M. D.,
Medical Attendant.

*Address,* 51 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 5897

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 7 E 1882 BALTIMORE

## ~~CERTIFICATE~~ OF DEATH.

*Date of Death,* July 6th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Marian Le Brun

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* Years, 6 Months, 17 Days.

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* None

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and number. } 157 E Ells St

*Cause of Death,* First, (Primary.) Intestinal Inflammation

Second, (Immediate.)

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* August 8th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

E. J. Williams, M.D.,
Medical Attendant.

*Address,* 55 E Ells St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58972 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 E 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 5. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Avey,

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days,*

*Color,* white,

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 81 Fairmount Ave.

*Cause of Death,* First, (Primary,) Diptheria

Second, (Immediate,) Asphyxia

*Duration of Last Sickness,* Four days

All the above Information should be furnished by the Physician.

*Place of Burial* Holy Cross Cemetery

*Date of Burial* Aug 7

*Undertaker* H. W. Ginnis

*Place of Business* 8 E Centre Lane

C. Glanville Lash M. D.,
Medical Attendant.

*Address,* Balt. & Maryland

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials to the Office whence it

No. 58973.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 16 Board of Health, City of Baltimore,

*Permit No.* 58973

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 1882 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ann Hance

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* Eighty three *Years,* Five *Months,* 26 *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Annapolis A. A. Co. Md.

*Duration of Residence in the City of Baltimore,* 73 Years

*Place of Death,* {Give street and number} 52 Columbia

*Cause of Death,* First, (Primary.) Senility

Second, (Immediate,) Death by failure of Heart

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial* Aug. 8th 1882

*Undertaker,* H. W. Jenkins Son

*Place of Business* 96 E. Chase *Address,* 71 N. Gilmor St

Jno R. Winans M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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No. 58974

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58974 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 E 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 7 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Bollman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 3 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and Number.} 359 S Charles

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug. 8th 1882

*Undertaker,* Rew & Bartell

*Place of Business,* 62½ W. Balto

Howard Cooke M. D.,
Medical Attendant.

Address, 146 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully invited to the Remarks, and to List of Diseases on Back of this Certificate.

9

# Board of Health, City of Baltimore,

Permit No. 58975

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled and signed *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 6 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 5th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Twin~~ sons of Margarit Brown

*Sex, Male or ~~Female.~~* {Cross out the word not required in this line.}

*Age,* One day *Years,* *Months,* *Days.*

*Color,* Colored

~~*Married,*~~ double *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ballo.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Maternité Hospital. 161 West Lombard.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Unknown, infantile

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E B P Cem

*Date of Burial,* Aug 7

*Undertaker,* McColeman

*Place of Business,*

John W. Bowers M.D.,
Medical Attendant.

*Address,* 161 West Lombard

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58976 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT [illegible] 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 1 *Days,*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 161 W Lombard St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) unknown infantile

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E B P

*Date of Burial,* Aug 7

*Undertaker,* M Coleman

*Place of Business,*

Geo. H. Denson M. D.,
~~Medical Attendant.~~

*Address,* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 58977

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said [redacted], or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Watkins

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ten hours *Years,* *Months,* *Days.*

*Color,* Black

*~~Married~~, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 14 Boulden alley

*Cause of Death* { First, (Primary,) Premature birth
Second, (Immediate,)

*Duration of last Sickness,* ten hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 7th 1882

C. Fawcett *M. D.*
Medical Attendant.

*Undertaker,* Wm H. Bishop

*Place of Business,* 97 Druid Hill Ave *Address,* 92 Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible] deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58978 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1892 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert H. Klein

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* / *Years,* / *Months,* 25 *Days.*

*Color,* Wh

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 74 E Butt St

*Cause of death,* First, (Primary,) Meningitis

Second, (Immediate,) Coma

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Aug 8 92

*Undertaker,* G. Ferance

*Place of Business,* Bank & Holliday *Address,* 57 & Broadway

E. B. Billard M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58779 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6 the 7 am.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Hoerdt

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* Two *Years,* Two *Months,* *Days.*

*Color,* ~~White~~ white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* 0

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Two Years.

*Place of Death,* {Give street and number.} 89 E. Chapel

*Cause of death,* First, (Primary,) Croup

Second, (Immediate,)

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug 7th 82

*Undertaker,* G. France

*Place of Business,* Bank & Wolf

John F. Ditzer M. D.,
Medical Attendant.

Address, 160 Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...cial Attention of Physicians is Respectfully ...

# Board of Health, City of Baltimore,

Permit No. 58780 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Heck

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 16 *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto city life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 174 Conway St

*Cause of death,* First, (Primary,) Summer complaint

Second, (Immediate,) Inflammation of Brain

*Duration of Last Sickness,* 3 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetary

*Date of Burial,* August 8th 1882

*Undertaker,* Philipp S. Dill

*Place of Business,* 183 Columbia Ave

I H Carey M. D., Medical Attendant.

*Address,* 76 State St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it ~~further~~ enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician ~~who~~ attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58781

*Office of Registrar of Vital Statistics.*

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FELLOW REPARTMENT
AUG 7 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A. Burke

*Sex, Male or Female,* {Cross out the word not required in this line.} Mall

*Age,* — *Years,* 7 *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} In 3 Harmony Lane

*Cause of death,* First, (Primary,) Brittle bud

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* one month

All the above Information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 7 1882

*Undertaker,* William L Dunger

*Place of Business,* 62 East St

H. F. Hill M. D.,

Medical Attendant.

*Address,* 443 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58982 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE MD.

*Date of Death,* July 6. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Benson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* ~~~ *Years,* 7 *Months,* ~~~ *Days,*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,* ~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 14 L. McElderry St.

*Cause of Death,* First, (Primary,) Marasmus.

Second, (Immediate,) Diarrhoea

*Duration of Last Sickness,* about 4 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 7 1882

*Undertaker,* Wilson & Lunger

*Place of Business,* 62 East St

John R. Conner M. D., Medical Attendant.

*Address,* 238 E. Monument & N. E. Dispensary.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

for Burials, to the Office whence issued, Saturday of each week.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

Permit No. 58983 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5. 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dowish

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 47 *Years,* ..... *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 176 York St

*Cause of Death,* First, (Primary,) Dropsy

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Shaw's Cemetery

*Date of Burial,* August 7

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

W E Booze M. D., Medical Attendant.

*Address,* 206 Shaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58984

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 7 L

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mothers Name: Shreve

*~~Sex, Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 4 hours Years, Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } V

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 418 E. Biddle St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 9th

*Undertaker,* Allan Fink

*Place of Business,* 1610 Eden St

G. H. Barkman, M.D.,
Medical Attendant.

*Address,* 1 Fairmount Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58985 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Green

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ✓ 5 *Days.*

*Color,* Black

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 26 Mulliken St

*Cause of death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 6 Hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 7 1882

*Undertaker,* Charles A White

*Place of Business,* 35 Granby St

P J Gross M. D.,
Medical Attendant.

*Address,* 137 Eden St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58986 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 7 1892
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August the 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elliott Dary
Alexander Dary

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days,*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Hostler

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all times

*Place of Death,* {Give street and Number.} 59 Richmond St

*Cause of Death,* First, (Primary,) Heart disease
Second, (Immediate,)

*Duration of Last Sickness,* one year

All the above Information should be furnished by the Physician.

*Place of Burial,* ~~the~~ Cator

*Date of Burial,* Aug 7 92

*Undertaker,* F A Kerchner

*Place of Business,*

Geo. W. Dixon M. D.,
~~Medical Attendant.~~

Address, 611 E Monument St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 28787

## *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED REGISTRAR'S DEPARTMENT AUG 7 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julius J Hawdsmp

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 5 Y 5 *Years,* *Months,* *Days,*

*Color,* W

*~~Married, Single, Widow~~ or Widower,* { Cross out the word not required in this line. }

*Occupation,* Shoemaker

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 241 Light St

*Cause of Death,* First, (Primary,) Inebriety

Second, (Immediate,) Acute enteritis

*Duration of Last Sickness,* 1 day

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemy

*Date of Burial,* Aug 6 / 82

*Undertaker,* Fred A Kachner

*Place of Business,* 150 S Carrollton Ave

R. P. Ellis M. D.,

Medical Attendant.

*Address,* 313 Light St

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**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 58988

*Office of Registrar of Vital Statistics.*

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parente.} Agnes Garrison

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* — *Months,* — *Days.*

*Color,* col

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} 12 Wayne Av

*Cause of death,* First, (Primary,) —

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* Aug 6/82

*Undertaker,* F. A. Kirchner

*Place of Business,* 52 S. Carrollton Av

*M. D.,*

Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore ... for Burials ... [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore.

**Permit No.** 58989 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 6 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E. Ingleson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* 11 *Months,* *Days.*

*Color,*

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Wicomico Co. Md.

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give street and number.} 394 E. Chase St.

*Cause of death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* About two years.

All the above information should be furnished by the Physician.

*Place of Burial,* Bolle Cemetery

*Date of Burial,* Aug 8 82

*Undertaker,* Hy Zies

*Place of Business,* 67 N Broadway *Address,* 367 N. Broadway

W. W. White M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials; to the Office whence issued. Saturday of each week.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

**Permit No.** 58798 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 7 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August H W Heise

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 11 *Months,* 13 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 617 Cay St

*Cause of death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* about 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* August 8. 1882

*Undertaker,* H. Halpenny

*Place of Business,* 63 N. Eden St.

J. Ridgway Andre M. D.,
Medical Attendant.

*Address,* 121 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

entered

for Burials, to the Office whence issued, Saturday of each week.

The Special Attention o... ...to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5-8771 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE AUG 7 1882 HEALTH DEPARTMENT

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Clevert Koty

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* *Months,* 10 *Days.*

*Color,* W

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 1 [redacted] Alley (Rear) near 309 Bdwy

*Cause of death,* First, (Primary,) Asthma

Second, (Immediate,) Congestion Spasm of Bronchial Tubes

*Duration of Last Sickness,* 1 Day

All the above information should be furnished by the Physician.

*Place of Burial,* W. Palestine

*Date of Burial,* Aug 5 1882

*Undertaker,* F. A. Schumacher

*Place of Business,* 57 D. A.

Geo. W. Brown M. D.,

~~Medical Attendant.~~

*Address* City Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] Keepers of Cemeteries in City of Baltimore [illegible] for Burials to the Office [illegible] the [illegible] Saturday of each week [illegible] Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58992 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in [illegible] last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 7 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Mehring

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* four *Years,* 6 *Months,* ——— *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and number. } No 199 Columbia Ave.

*Cause of death,* First, (Primary,) Diphtheria

Second, (Immediate,) Septicæmia

*Duration of Last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Evg. Luthn

*Date of Burial,* August 8th 1882

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518½ W. Baltimore St

David Eberdeé M. D.,
Medical Attendant.

Address, N.E. Cor. Columbia Ave & Remsen

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries ... issued Saturday of each week.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

Permit No. 58993 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 7 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Brooks

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 9 *Months,* ——— *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 27 Warner St

*Cause of death,* First, (Primary,) ———

Second, (Immediate,) Hydrocephalus

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Aug 8th 1882

*Undertaker,* John Thacker

*Place of Business,* No 150 Camden

J H Gunn M. D.,
Medical Attendant.

*Address,* 76 E Pratt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Per... for Burials to the Office where to be issued S...

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58794 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 6. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ellen Jackson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 2 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 17 Orchard St

*Cause of Death,* First, (Primary,) Inanition

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Indefinite

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 8 82

*Undertaker,* Robt Hemsley

*Place of Business,* 116 Orchard St

J. E. Atkinson M. D.,

Medical Attendant.

323 Fredrick Ave

Address,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...meteries in City of Baltimore will make returns of all Persons ... Saturday of each week. No. 8995

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

Permit No. 58995 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased; or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE AUG 8 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rachel O'brien

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 6 *Months,* *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

*Duration of Residence in the City of Baltimore,* 3 years & 6 mos.

*Place of Death,* {Give street and Number.} 444 W. Baltimore St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Six hours.

All the above information should be furnished by the Physician.

*Place of Burial.* Bonnie Brae

*Date of Burial.* Aug 8th 1882

*Undertaker,* J. E. Lowe

*Place of Business,* 637 W. Balto St

H. West M. D.,
Medical Attendant.

*Address,* Univ. of Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5899[illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5899[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or owner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Ahlborn

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give street and number} Lexington & Howard & Park Sts

*Cause of Death* First, (Primary,) Obstruction of gall duct

Second, (Immediate,) Hemorrhage from the bowels

*Duration of last Sickness,* was sick altogether about 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* Harwood M. Cemetery

*Date of Burial,* August 8

*Undertaker,* M. Eiler

*Place of Business,* 101 Lynch St

A. Friedenwald M. D.
Medical Attendant.

*Address,* 88 N Eutaw Sheet

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

[illegible] CITY PRINTERS AND STATIONERS.

Keepers of Cemeteries in City of Baltimore will make returns of all [illegible]

The Special Attention [illegible] Physicians is Respectfully Invited to the Remarks Below, and to List of Dis[illegible]s on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58997 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in [illegible] last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Burton

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 50

*Place of Death,* {Give street and Number.} No 171 Orleans St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem'ty

*Date of Burial.* Aug 9th 1882

O. H. Mahon M. D.,
Medical Attendant.

*Undertaker,* F & G & Bro

*Place of Business,* 21 N Broadway

*Address,* Exeter St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of Baltimore will make returns of all Persons [illegible] to the Office whence [illegible] each week.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

Permit No. 58798 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. H. Larkin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 8 *Months,* 12 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} W

*Occupation,* ...

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give street and Number.} 225 Nc. Eldery St.

*Cause of Death,* First, (Primary,) Cholera Infant

Second, (Immediate,) Brain Trouble

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Eldery & Bloody

*Date of Burial,* Aug 8th 1882

*Undertaker,* J. L. Locks

*Place of Business,* 73 Jefferson

Francis A. Sinex M. D.
Medical Attendant.

*Address,* 105 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...opers of Cemeteries in City of Ba... ...ill make returns of all P... No. 58999

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 58999

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. AUG 8 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 5th.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marcella M. Kelly.

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* 57 *Years,* ... *Months,* ... *Days.*

*Color,* White.

*Married, ~~Single~~, Widow or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Kept in Market.

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* { Give street and number. } Lexington Market.

*Cause of Death,* First, (Primary.) Apoplexy.

Second, (Immediate.)

*Duration of Last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park.

*Date of Burial,* Aug 8

*Undertaker,* C. W. Blizzard

*Place of Business,* 198 P. L. St.

J. S. Whitelaw, M.D.,
Medical Attendant.

*Address,* Fayette & Pacas sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9868 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 7 - 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lilian

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 5 Years, ~~Months~~, Days,

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* Life? 2 years Known-

*Place of Death,* { Give street and Number. } Nursery & Child's Hospital

*Cause of Death,* First, (Primary,) Trial - Not Known

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 8

*Undertaker,* C. H. Glazebrook

*Place of Business,* 198 Lan St *Address,*

6-7, Brown M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully ... called, ... each one Remarks Below, and to ... Blank on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 29001 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hulda Sackhoff

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. } Female

*Age,* 41 *Years,* 7 *Months,* — *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. } Married

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* { Give street and Number. } 46. Ridgely st

*Cause of Death,* First, (Primary,) Cholera Morbus

Second, (Immediate,) Collapse

*Duration of Last Sickness,* 1 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial.* August 9th 1882

*Undertaker,* Geo Leimbach

*Place of Business,* 389 West Pratt Street

O. L. Buddenbohn M. D.
Medical Attendant.

166. S. Pratt.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 6980 2 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 7 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie May Norris

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 7 *Months,* *Days.*

*Color,* wht.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 92 Hall.

*Cause of death,* First, (Primary,) marasmus

Second, (Immediate,) —

*Duration of Last Sickness,* 2 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Aug 9th 1882

*Undertaker,* C. E. Monghan

*Place of Business,*

G Law Tanahill M. D.,
Medical Attendant.

*Address,* 129 W Biddle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57063 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 8 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia A. V. Holzer

*Sex, Male ~~or~~ Female,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* 11 *Months,* 10 *Days.*

*Color,* white

*Married, Single, Widow ~~or~~ Widower,* {Cross out the word not required in this line.} V

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 185 Orleans St

*Cause of death,* First, (Primary,) Softning of the Brain

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* 13 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 8/82

*Undertaker,* [illegible]

*Place of Business* [illegible] *Address,* [illegible]

J. J. Gaston *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

week. No. 7900[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59064 *Office of Registrar of Vital Statistics.* Ward 9/15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 9 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Clifford Paget

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 5 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 76 Bank Street City

*Duration of Residence in the City of Baltimore,* ~~Over~~ Lifetime

*Place of Death,* {Give street and Number.} 76 Bank Bank Street

*Cause of Death,* First, (Primary,) Inanition

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* A. A. Co Md

*Date of Burial,* August 8th

*Undertaker,* M Padgett

*Place of Business,*

J. H. Wiley M. D.,
Medical Attendant.

*Address,* 158 Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59806 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th 82 Bessen

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amalia Bessen

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

*Age,* 57 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 1 year

*Place of Death,* {Give street and Number.} 70 N. Caroline

*Cause of Death,* First, (Primary,) Typhus abdominalis

Second, (Immediate,) Peritonitis

*Duration of Last Sickness,* 2 week

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Greenmount~~ Hebrew Schaare

*Date of Burial,* August 8th

*Undertaker,* Wm Eilane

*Place of Business,* 101 Gough St

Physician, M. D.,
Medical Attendant.

*Address,* 245 S. Burrows

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 5906

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5906 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8 - 82 Na/2/2ES

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kapper

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 19 *Years,* 6 *Months,* — *Days,*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Labore

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 171 E. Lombard St.

*Cause of Death,* First, (Primary,) Trismus et tetanus

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial.* August 9. 1882

*Undertaker,* A. Fink

*Place of Business,* 461 N. Gay St. *Address,* 24 S. Holliday

Frank M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5960 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Pulley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 6 *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 6 Elbow Alley

*Cause of Death,* First, (Primary,) Diptheria

Second, (Immediate,) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 8

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

W S Bowe M. D.,
Medical Attendant.

*Address,* 206 Chapel St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57008 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Davis

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 43 *Years,* — *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Shucker &c

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 302 N Dundaun St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cimentry

*Date of Burial,* August 8 1882

*Undertaker,* Charles a White

*Place of Business,* 35 Granby St

G T Taylor M. D.,
Medical Attendant.

*Address,* 222 N Bond

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

11

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. AUG 9 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 7, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Watkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* one *Months,* twenty two *Days.*

*Color,* *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Tyson St. Baltimore city

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give street and number.} 59 Orchard St.

*Cause of Death,* First (Primary,) Inanition

Second (Immediate,)

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug. 8 1882

W. H. Thompson M. D.
Medical Attendant.

*Undertaker,* Gilt Hemsley

*Place of Business,* 116 Orchard St *Address* 41 Orchard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 5710 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1902 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1902

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Baumgartner Hall

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 11 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~

*Occupation,* ~~Baltimore City~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt^o City

*Duration of Residence in the City of Baltimore,* ~~Entire~~

*Place of Death,* {Give street and number.} No 54 Fawn

*Cause of death,* First, (Primary,) Diph Heritis

Second, (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cemetery

*Date of Burial,* Aug 9th

*Undertaker,* P Frey

*Place of Business,* 91 Eastern ave *Address,* 125 S. Ed ~

L O Bryleman M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 5761 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 7 Aug 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evan O Bell

*Sex, Male or Female,* {Cross out the word not required in this line.} V

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Produce Dealer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundle Co. Md.

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give street and number.} 473 Edmondson St

*Cause of death,* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of Last Sickness,* 4 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Odenton Station B. & P. R. R.

*Date of Burial,* Aug 9 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St

C. R. Mercer M. D.,

Medical Attendant.

*Address,* Sykesville Howard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59012 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 7. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Bryson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 2 *Months,* 2 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 23 Bartlett St

*Duration of Residence in the City of Baltimore,* 2 2 mos.

*Place of Death,* {Give street and Number.} 23 ~~Bartlett~~ Bartlett.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 8 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cem.

*Date of Burial,* Aug 8' 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St

Wm B Canfield M. D.,
Medical Attendant.

*Address,* 246 N. Charles St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

[OVER.]

19

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

BALTIMORE AUG 8 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* aug 7 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Trego

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* Black Sex, M

*Married, ~~Single, Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Mississippi

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* { Give street and number. } Franklin St near Howard

*Cause of Death,* { First (Primary,) Suffocated by the falling in of an embankment

Second (Immediate,) 10 minutes

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 8th 1882

*Undertaker,* S. W. Chase

*Place of Business,* 198 S. Howard St *Address*

J G Conway M. D.
Medical Attendant.

Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...to the Office when... No. 6790[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 67914 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6, 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benj. Brightman

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 3 *Years,* 4 *Months,* — *Days,*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. } S

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* his time

*Place of Death,* { Give street and Number. } 7 Morgan

*Cause of Death,* First, (Primary,) Pertussis.

Second, (Immediate,) Bronchitis Capillary

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Lauriel

*Date of Burial.* Aug 8 1882

Wm B Canfield M. D., Medical Attendant.

*Undertaker,* S T Chase

*Place of Business,* 98 S Howard St Address, University Dispensary

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

Permit No. 59015 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 6 - 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Fink

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 14 *Years,* — *Months,* — *Days,*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 117 N. Chester

*Cause of Death,* First, (Primary,) Typhoid pneumonia

Second, (Immediate,) Collapse

*Duration of Last Sickness,* 1 week

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Athanasius Comm

*Date of Burial.* Aug 8 82

*Undertaker,* Wendel Dippel

*Place of Business,* S. Broadway 161

F Hatton M. D.,
Medical Attendant.

*Address,* 245 S. Ann

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physician is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57016 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Glenn,

*Sex,* ~~Male,~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 1 *Months,* 4 *Days,*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.,

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 22 J. E. Lombard St.

*Cause of Death,* First, (Primary,) Diptheria

Second, (Immediate,) Asphyxia

*Duration of Last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cem.

*Date of Burial,* August 8th

*Undertaker,* Wendell Dippel

*Place of Business,* S. Bond st. 151

G. Glasmill Luck M. D.,
Medical Attendant.

*Address,* Balt. & Chas. St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59617 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT. AUG 8 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 84 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Rail Road Fireir

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Cape May N. Jersey

*Duration of Residence in the City of Baltimore,* 62 Years

*Place of Death,* {Give street and Number.} 143 E. Eden St

*Cause of Death,* First, (Primary,) Old age

Second, (Immediate,)

*Duration of Last Sickness,* 1st Sick

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* August 9th

*Undertaker,* John Franke

*Place of Business,* 245 W Balt

James E. Emmitt M. D., Medical Attendant.

*Address,* 299 E Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7010

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 8 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mina Ruben

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* 30 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* housekeeping

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Russia

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give street and number} 501 N Baltimore Street

*Cause of Death* First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* about two years

All the above information should be furnished by the Physician.

*Place of Burial,* Fell Point Hebrew Cemetery

*Date of Burial,* August 9

*Undertaker,* W. Eilar

*Place of Business,* 101 South St

A Friedenwald M. D.,
Medical Attendant.

*Address,* 88 N Eutaw Street

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

**Permit No.** 57619 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED
AUG 8 1882
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Simms

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Midwife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* about 30 years

*Place of Death,* {Give street and Number.} 171 S. Washington St

*Cause of Death,* First, (Primary,) Heart disease. (Mitral)

Second, (Immediate,) Dropsy

*Duration of Last Sickness,* about one year

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem.

*Date of Burial,* Aug. 9th 1882

Geo B. Edmonds M. D.,
Medical Attendant.

*Undertaker,* H Sinden & Son

*Place of Business,* 252 Cantons Address, Fairmount

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

19 39020

# Board of Health, City of Baltimore,

Permit No. 39020

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. AUG 8 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Norman Troy

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ——— *Years,* 9 *Months,* ——— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Bucks Lighthouse

*Duration of Residence in the City of Baltimore,* 5 Stretton Pl

*Place of Death,* { Give street and number. } 5 Tonsalley

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Thorpe St Cemetery

*Date of Burial,* Aug 8 1882

*Undertaker,* William H Lorey

*Place of Business,* No 62 East St

J. C. Turner M.D.,
Medical Attendant.

*Address,* 111 N. Canal St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...back of this Certificate.

# Board of Health, City of Baltimore,

**Permit No.** 5-9021

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 8 1882
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Hunter.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *~~Months~~,* *~~Days~~.*

*Color,* White.

*~~Married~~, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Ireland.

*Duration of Residence in the City of Baltimore,* About 9 years.

*Place of Death,* {Give street and number.} No 369 N. Bond,

*Cause of Death,* {First (Primary,) Senility,
Second (Immediate,) Cerebral,

*Duration of Last Sickness,* two days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* August 9th 1882

*Undertaker* Andrews & Hodges

*Place of Business,* No 476 Druid Hill Ave

Edward M. Trail M. D.
Medical Attendant.

*Address* No 199 N Howard St.
near Monument St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5 9822 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 8 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederic Lankard

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 3 Months, 21 Days,

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 4 Leadenhall St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* Lamc Cemetry

*Date of Burial.* Aug. 8-1882

*Undertaker,* Wm. H. Atkins

*Place of Business,* 130 Hanover

L. M. Hall M. D.,
Medical Attendant.

*Address,* 262 Sharp St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No 29023

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 15 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 29023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE
AUG 8 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 7th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Irving

*Sex,* ~~Male~~ *or Female,* { cross out the word not required in this line. }

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single,~~ *Widow or* ~~Widower,~~ { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Ireland - 18 yrs in U. S.

*Duration of Residence in the City of Baltimore,* 18 Years

*Place of Death,* { Give street and number } *3 Spring Court

*Cause of Death,* First, (Primary,) Rheumatism.

Second, (Immediate,) Organic disease of the heart

*Duration of last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents

*Date of Burial,* Aug 8

*Undertaker,* C F Krause

*Place of Business,*

James Bonn M. D.
Medical Attendant.

*Address* #110 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

13

# Board of Health, City of Baltimore,

Permit No. 59024

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 8 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Murphy

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* Thirty *Years,* Seven *Months,* ——— *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* Thirty years

*Place of Death,* {Give street and number.} 340 W. Pratt St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Four years

All the above Information should be furnished by the Physician.

*Place of Burial,* Bethany Cemetery

*Date of Burial,* Aug 6

*Undertaker,* J. H. Cook

*Place of Business,* 707 West Pratt

D. H. Barclay *M.D.,*
Medical Attendant.

*Address,* 47 Camden St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Duplicates on back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5 9825 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 8 1882
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Seifert

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* ——— *Months,* 10 *Days,*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 184 Hamburg St.

*Cause of Death,* First, (Primary,) Premature Birth

Second, (Immediate,) Inanition.

*Duration of Last Sickness,* Lifetime

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 9

Wm Gaubel M. D.,
Medical Attendant.

*Undertaker,* Hann Bride.

*Place of Business,* Hanover St *Address,* 1708 S. Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59826 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Callahan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and Number.} 529 W. Lombard St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis

*Duration of Last Sickness,* Nine (9) months.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnemere

*Date of Burial,* August 9th 1882

*Undertaker,* Matthew Kadow

*Place of Business,* 27 Mulberry St

Edw F. Mitchell M. D., Medical Attendant.

*Address,* 287 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

of this Certificate.

1

# Board of Health, City of Baltimore,

Permit No. 57027

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH AUG 9 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Aug~~ August 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hock

*Sex, Male or Female,* {Cross out the word not required in this line.} Hock

*Age,* 1 *Years,* 7 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death.* {Give street and number.} 15 n Ele. 5th & Elliott

*Cause of Death,* First, (Primary.) Intestinal Inflammation

Second, (Immediate.) [redacted] four days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug 9th 82

E. Jones Williams M.D.,
Medical Attendant.

*Undertaker,* G. France

*Place of Business,* Bonitz & Wolf *Address,* 53 Eliot St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1

# Board of Health, City of Baltimore,

Permit No. 57028

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. AUG 9 1 1892 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Sept 8th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sebastian Hubert Hubert

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 1 *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* a one

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 109 Eliot St (Elliott)

*Cause of Death,* First, (Primary.) .....

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick's

*Date of Burial,* Aug 9th 92

*Undertaker,* G. France

*Place of Business,* Banks & Wolf *Address,* 503 Eliot St

E. I. Williams *M.D.,*
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59629 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Gallenz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 6 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 446 Canton Av.

*Cause of death,* First, (Primary,) Small Pox

Second, (Immediate,)

*Duration of Last Sickness,* several days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug 9th 82

*Undertaker,* G. France

*Place of Business,* Bank & Wolf

G O Wilcruck M. D.,
Medical Attendant.

*Address,* 12 S Eden

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59630 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Casper Bauer

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } Male

*Age,* 61 *Years,* 5 *Months,* 6 *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* { Cross out the word not required in this line. } Married

*Occupation,* Musician

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Bavaria

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* { Give street and Number. } No 91, N. Chapel St

*Cause of Death,* First, (Primary,) Hypertrophy with Dilatation of Heart

Second, (Immediate,) — Dropsy —

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas

*Date of Burial,* Aug 10th 82

*Undertaker,* G. Frommer

*Place of Business,* Bank & Wolf

Thomas D. Evans M. D., Medical Attendant.

*Address,* 92 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

Permit No. 59831

# Board of Health, City of Baltimore,

## *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th /82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susey Harris

~~*Sex, Male or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* 2 1/2 *Months,* — *Days.*

*Color,* Negro

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balt Md

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* { Give street and number. } 278 Hamburg St

*Cause of Death,* { First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* August 9th 1882

*Undertaker,* Jacob Davis

*Place of Business,* 102 Lee St

Wm S Thomas *M.D.,*

Medical Attendant.

*Address,* 143 S Charles

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 59032 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effie Smith.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number.} 6 Ricketts Court.

*Cause of death,* First, (Primary,) Pneumonia.

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* About 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* august 9 1882

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

J. [illegible] M. D.,
Medical Attendant.

*Address,* Southern Dispensary

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Form on Back of This Certificate.

19

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Henley

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* 86 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} Home of Aged Ladies Church Home & Hospital

*Cause of Death,* First (Primary,) Enteritis

Second (Immediate,)

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Aug 9th 1882

*Undertaker,* John Thacher

*Place of Business,* No 150 Camden *Address,* Baltimore City

John Litt M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 9032

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 16 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 9 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James M. Briggs.

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 1 *Years,* 8 *Months,* 10 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

*Duration of Residence in the City of Baltimore,* since birth.

*Place of Death,* { Give street and number } 234 Columbia Ave.

*Cause of Death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,) Exhaustion.

*Duration of last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Western

*Date of Burial,* Aug 10

*Undertaker,* J. B. Cook.

*Place of Business,*

A. G. Watts M. D.
Medical Attendant.

*Address,* 106 Columbia Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...BRIGHT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 59035 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia West

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* *Months,* 14 *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 7 N Paca st

*Cause of Death,* First, (Primary,) Phthisis Pulmonary

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Ft Apthorp Cy

*Date of Burial,* Aug 9 1882

*Undertaker,* Chas. Hoeckel

*Place of Business,* 309 N Eutaw

Chas. L. Stiles M. D., Medical Attendant.

Address, 111 N Howard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ppropriately entered in the blanks below, and to List of Diseases on back of this Certificate.

7

# Board of Health, City of Baltimore,

570

Permit No. 96

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 8nd 8th da - 82 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca V. Goodwin -

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* — *Months,* *Days.*

*Color,* white

*~~Married~~ ~~Single~~ Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balt city -

*Duration of Residence in the City of Baltimore,* Since June

*Place of Death,* {Give street and number.} 248 E Bidde St

*Cause of Death,* First (Primary,) Senility -

Second (Immediate,) Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Galena, Kent County Md.

*Date of Burial,* Aug. 9th 82.

*Undertaker,* Chas. H. Dickerson

*Place of Business,* 234 N. Gay St

Jno Miller M. D.
Medical Attendant.

*Address* 179 E Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5983 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 7 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luther Guland

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 6 *Years,* 6 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 222 E. Lemon St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Cerebral effusion (?)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 9th 1882

*Undertaker,* David Martin

*Place of Business,* 76 Exeter St. *Address,* 225 N. Broadway

Geo F Taylor M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57038

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Price

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto., Md.,

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 227 Hartford Ave

*Cause of Death,* First, (Primary.) Malarial Fever

Second, (Immediate.) Cerebral congestion

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery,

*Date of Burial,* Aug. 10. 1882

*Undertaker,* Heeck

*Place of Business,* Central Ave. near Madison

M. B. Billingslea M.D.,
Medical Attendant.

*Address,* 256 E. Preston

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 39039 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry R. Hutchins

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ Six *Months,* ~~Days.~~

*Color,* Brown

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Six months

*Place of Death,* {Give street and number.} 45 Chestnut al.

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* Three days -

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Aug 9th 1882

*Undertaker,* Eden Sewell

*Place of Business,* 28 Druid Hill Av. *Address,* 102 N. Gaeene St.

F. B. Gardner *M. D.,*
Medical Attendant.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 79040

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 8: 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hickey

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 69 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 71 Hollins Street

*Cause of Death* First, (Primary,) Cancer of Kidney

Second, (Immediate,) Uremia - Apoplexy

*Duration of last Sickness,* about 18 Mo,

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Ceme

*Date of Burial,* August 10th 1882

*Undertaker,* Chas J Scriven

*Place of Business,* 271 W Baltimore St

Martin Brewer M. D.
Medical Attendant.

*Address,* 68 McCulloh St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 59041 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Maier

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* Eleven (11) *Months,* Six (6) *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* Student

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* From birth

*Place of Death,* {Give street and Number.} 50 Millington Ave

*Cause of Death,* First, (Primary,) Acute Cerebral Meningitis

Second, (Immediate,) Paralysis Edward Disease

*Duration of Last Sickness,* Two (2) Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 9 1882

*Undertaker,* John Mercer

*Place of Business,* 952 Eutaw St

S. W. Slemp M. D.,

Medical Attendant.

Address, 50 Eager Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No. 5964/2 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 8 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Hoerhamer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Brewer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany 2 months

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} St. Josephs Hospital

*Cause of death,* First, (Primary,) Excessive Heat.

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* about 4 hours

All the above information should be furnished by the Physician.

*Place of Burial,* J. H. James

*Date of Burial,* 9th inst.

*Undertaker,* Adam Fink

*Place of Business,* 407 Gay St

L. V. G. Goodman M. D.,
Medical Attendant.

*Address,* St. Josephs Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59043

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 7 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Sarah A. Hall

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~; {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Dorchester Co Md

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and number.} 116 William St

*Cause of Death,* First, (Primary.) Malarial Fever

Second, (Immediate.) Nervous Prostration

*Duration of Last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Clinton

*Date of Burial,* Aug 9th 1882

*Undertaker,* Thos Crow & Co

*Place of Business,* 263 Light St

C. C. Noble M.D.,
Medical Attendant.

*Address,* 50 Hanover St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5784[illegible] *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis A Parrott

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

*Age,* 58 *Years,* ~~Months,~~ ~~Days,~~

*Color,* White

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, { Cross out the word not required in this line. } Widow

~~Occupation~~,

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } No 445 E Lombard st

*Cause of Death,* First, (Primary,) Cancer of the Bowels

Second, (Immediate,)

*Duration of Last Sickness,* 12 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* August 10th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

Thomas B. Evans M. D., Medical Attendant.

Address, 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59645 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 9 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 8. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Brown

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* 9 *Months,* — *Days,*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give street and Number.} 164 Hughes

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Malarial Fever with acute Gastritis

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemt

*Date of Burial.* August 9

*Undertaker,* Behrand Hall

*Place of Business,* 82 West St.

Theodore Cotte M. D.,
Medical Attendant.

*Address,* 146 Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59646 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Scott

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 2 Months, 7 Days,

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} W C

*Duration of Residence in the City of Baltimore,* Orchard

*Place of Death,* {Give street and Number.} 5 Collision St Near Penna

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera infantum

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* W P Cem

*Date of Burial,* Aug 8

*Undertaker,* F A Kerchner

*Place of Business,*

Geo. W. Dunn M. D.,
Medical Attendant.

Address Bd. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 59647 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Augt 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Garrison

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* — *Months,* — *Days,*

*Color,* Col

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 12 Wayne St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 9 82

*Undertaker,* G. W. Perkins

*Place of Business,* Hanover St

Geo. W. Simms M. D.,
Medical Attendant.

Address 130 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Geo. A. Bowie
Inspector

8

Permit No. 59048

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Bishop

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 18 *Years,* 0 *Months,* 0 *Days.*

*Color,* Dark brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Waiter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Harford County Md

*Duration of Residence in the City of Baltimore,* Twelve years

*Place of Death,* {Give street and number.} No 220 Park ave

*Cause of Death,* First, (Primary.) Malaria

Second, (Immediate.) Typhoid Fever

*Duration of Last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount St Cemetery

*Date of Burial,* August 9. 1882

*Undertaker,* Alf Hemsley

*Place of Business,* 46 Orchard St

B F Bohrer M.D.,
Medical Attendant.

*Address,* Cor Dolphin & Bl

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57849 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Eugenia Jennings

*Sex, Male ~~or~~ Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Seamstress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 21 S Bond St

*Cause of death,* First, (Primary,) Bilious Intermittent

Second, (Immediate,)

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug. 10. 1882

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Broadway

John H Monn M. D.,
Medical Attendant.

*Address,* 244 E. Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59050 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug - 9th - 1882 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James -

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 2 1 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto -

*Duration of Residence in the City of Baltimore,* Life -

*Place of Death,* {Give street and Number.} St. Vincent's Infant Asylum, Mansions.

*Cause of Death,* First, (Primary,) Marasmus.

Second, (Immediate,)

*Duration of Last Sickness,* Life -

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae.

*Date of Burial,* Aug 9/82

*Undertaker,* Pat. Hunt -

*Place of Business,* Howard & Dinan

R. H. Goldsmith M. D.,
" Medical Attendant.

*Address,* Harlem av. Calhoun st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59651 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 8th. August 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Schmiermann

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 4 *Months,* + *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~—~~

*Occupation,* ~~—~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give street and Number.} S. Dallas street 247

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,)

*Duration of Last Sickness,* 4 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Michaels Cem

*Date of Burial,* Aug 10. 1882

*Undertaker,* Sandy & Son

*Place of Business,* 252 Canton Av

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfe St. 117.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Permit No. 59062 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 7 — 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philetus Stimler

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 5 *Years,* 8 *Months,* 24 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } /

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Harrisburg Pa

*Duration of Residence in the City of Baltimore,* 3 years 7 Mos

*Place of Death,* { Give street and Number. } 70 Fair Mt Ave

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,) Dropsy (I only saw this Case once when in Death)

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial* St Michaels Cem

*Date of Burial.* Aug 10 1882

E. J. Ray M. D.
Medical Attendant.

*Undertaker* H. Sander & Son

*Place of Business* 202 Eastend Ave *Address,* 19 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 59023 *Office of Registrar of Vital Statistics.* Ward 61

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. Lange

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 8 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} No 109 E Chapel St

*Cause of Death,* First, (Primary,) Scarlatina

Second, (Immediate,) 2 Days

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* August 8th

*Undertaker,* W. Dippel

*Place of Business,* S. Bond. st.

J. J. Kelly M. D.,

Medical Attendant

Address, 810 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

# Board of Health, City of Baltimore,

Permit No. 59054 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 9 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th 92.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Ferdinand Sowiller

*Sex, Male or Female,* { Cross out the word not required in this line. } Boy

*Age,* 20 - Months *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Prague

*Duration of Residence in the City of Baltimore,* 9 Months

*Place of Death,* { Give street and Number. } City Hospital.

*Cause of Death,* First, (Primary,) Cholera Infant —

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 5 week,

All the above information should be furnished by the Physician.

*Place of Burial,* E Pub Cem

*Date of Burial,* Aug 9

*Undertaker* M Colleman.

*Place of Business,*

Geo Thomas M. D.,
Medical Attendant.

*Address,*

Colored

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5985 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
9
1882
BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas W. Meeres

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* W

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Car Inspector

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* abt 27 Years

*Place of Death,* {Give street and Number.} 337 E. Monument St

*Cause of Death,* First, (Primary.) 1 Phthisis Pulmonalis

Second, (Immediate.) 2 (Suppressed)

*Duration of Last Sickness,* about 4 months

All the above information should be furnished by the Physician.

*Place of Burial* Balto cemetery

*Date of Burial,* Augst 10 1882

*Undertaker,* John W Jackson

*Place of Business,* Cor E Gay & Lloyd Sts *Address,* 67 E Balto St

Chas M. Mosher *M. D.,*
Coroner E. D. *Medical Attendant.*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 9056

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 9056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 9th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Garfield Gray

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 1 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 56 Cumb St Cumberland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 56 Cumb St

*Cause of Death,* First, (Primary.) Dysentery

Second, (Immediate.) Dentition

*Duration of last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Aug 10th 1882

G W Jones M. D.
Medical Attendant.

*Undertaker,* Dietrick Wiegand

*Place of Business,* 166 Druid Hill Ave *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. K. MARR & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 59857 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* 9th Aug 1882 at 12.30 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Minton

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 17 Greene St City

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give street and number.} 6 Jasper St

*Cause of death,* First, (Primary,) Small Pox

Second, (Immediate,)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* 9th aug

*Undertaker,* Frank Coane

*Place of Business,*

Wm Jackson Evans M. D.,
Medical Attendant.

*Address,* 175 Saratoga St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5705 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 8 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Morrison

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 3 *Months,* 8 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 27 Yarrott

*Cause of death,* First, (Primary,) Diphtheria

Second, (Immediate,) asthenia

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cemetery

*Date of Burial,* August 10th 82

*Undertaker,* Daniel Flynn & Co

*Place of Business,* 109 West St

S. Shuman M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

**Permit No.** 59059 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 10 1 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jos Rhine Walsh

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Laundries

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Connecticut

*Duration of Residence in the City of Baltimore,* 41 Years

*Place of Death,* {Give street and number.} 163 N Gay St

*Cause of Death,* First (Primary,) Consumption

Second (Immediate,) 2 months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto

*Date of Burial,* Aug 10

*Undertaker,* W H Huckman

*Place of Business,*

F G Comedy *M. D.*
Medical Attendant.

*Address* Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 57660 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 8 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Banks

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 18 *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 124 N. Dallas St

*Cause of death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Level Cantery

*Date of Burial,* Aug 10 1882

*Undertaker,* Wilbur N Boyce

*Place of Business,* No 62 East St

J J Guiss M. D.,
Medical Attendant.

*Address,* 139 Gilmor St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57661 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 9-1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredevica Horbach

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} —

*Age,* 26 *Years,* 6 *Months,* 3 *Days.*

~~Color,~~

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 2 16 mos

*Place of Death,* {Give street and number.} 7 Pantator Sh

*Cause of death,* First, (Primary,) Typhoid fever

Second, (Immediate,) Rapid Asthenia —

*Duration of Last Sickness,* about 4 Ds (in bed)

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 11-1882-10 a.m.

*Undertaker,* J. P. Paulus

*Place of Business,* 66 Fred'k Ave

C. C. McDowell M. D.,
Medical Attendant.

*Address,* 642 W. Fayette

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, and the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

* signed by me at his request C.C. McD —

# Board of Health, City of Baltimore,

Permit No. 57862 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 9. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Gendner

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days,*

*Color,* W.

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 yrs.

*Place of Death,* {Give street and Number.} No. 5 Frederick Ave

*Cause of Death,* First, (Primary,) Nervous Prostration

Second, (Immediate,) Caused by fracture of Thigh

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 11 1882 Chas. G. Goff M. D., Medical Attendant.

*Undertaker,* John O Paulus

*Place of Business,* 665 Fredrick Address, 306 N. Gayto St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59863 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 10 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Klusmeier

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 16 hours *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and Number.} 714 Light St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Imperfect Closure valve of Heart Heart

*Duration of Last Sickness,* 16 - hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 10

{*Undertaker,* G. Myers

{*Place of Business,* 92 Worth St} *Address,* 146 Hanover St

Richard Cole M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 59864. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 9. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary a. Shafer

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* 8 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 458 Light St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Tubercular Meningitis

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial* Balto Cemetery

*Date of Burial,* Aug 10/82

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light *Address,* 146 Hanover St

by Howard Carter M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

/3 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 9. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Schad

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 70 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,* Teacher of Music

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bavaria

*Duration of Residence in the City of Baltimore,* 23 years

*Place of Death,* {Give street and number} 49 N. Green St.

*Cause of Death* { First, (Primary,) Phthisis
Second, (Immediate,) Anhemia

*Duration of last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cemetery

*Date of Burial,* Aug 11th 1882

*Undertaker,* Jos B Cook

*Place of Business,* 1107 N Baltimore street

Martin Bruns M. D.
Medical Attendant.

*Address,* 58 McCulloh St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37866 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 9. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Shipley

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 29. *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 16 Years

*Place of Death,* {Give street and Number.} Pratt & Schroder Sts.

*Cause of Death,* First, (Primary,) Typhoid Fever.

Second, (Immediate,)

*Duration of Last Sickness,* 16 days.

All the above information should be furnished by the Physician.

*Place of Burial* Mount Olivet cemetery

*Date of Burial,* Aug 11th 1882

*Undertaker,* Jos B Cook

*Place of Business* No 707 N Baltimore Street

L. R. Wilson M. D.,
Medical Attendant.

*Address,* 584 N. Fayette.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 9 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Franklin Wedd

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Three *Years,* nine *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 50 S. Fulton

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate,) Heart-Clot-

*Duration of last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* Aug 11th 1882

*Undertaker,* Geo B. Loch

*Place of Business,* No 707 W. Baltimore St

Thos Quinn M. D.
Medical Attendant.

*Address,* W M. Gilmor

Received

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 7868 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Augt 1 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Klingel

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Gettysburg Pa

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give street and number.} No 211 Madison Ave

*Cause of death,* First, (Primary,)

Second, (Immediate,) Cancer Rectum

*Duration of Last Sickness,* One year

**All the above information should be furnished by the Physician.**

*Place of Burial,* Gettisburg Pa

*Date of Burial,* Aug 11th 1882

*Undertaker,* Chas A Cook

*Place of Business,* No 707 W Baltimore Street

I H Batteman M. D.,
Medical Attendant.

*Address,* 23 E Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 37869 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEATH REGISTRY 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 9. 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ludville Dorsey

*Sex, Male or Female,* {Cross out the word not required in this line.} .....

*Age,* 8. 7. *Years,* 4 *Months,* 16. 30. *Days,*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 66 Myrtle av.

*Cause of Death,* First, (Primary,) Dysentery.

Second, (Immediate,) & Malarial fever

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shark & Cemetery

*Date of Burial,* Aug 10 1882

Louis K. Bloom M. D.,
Medical Attendant.

*Undertaker,* Wm. C. Lyon

*Place of Business,* 63 Mulberry St. *Address,* 226 Dubbing St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 59070 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 16 10 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* [illegible]

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

*Sex, Male or Female,* {Cross out the word not required in this line.} [illegible]

*Age,* ..... *Years,* ..... *Months,* ..... *Days,*

*Color,* [illegible]

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} [illegible]

*Occupation,* [illegible]

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} [illegible]

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* {Give street and Number.} [illegible]

*Cause of Death,* First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

*Duration of Last Sickness,* [illegible]

All the above Information should be furnished by the Physician.

*Place of Burial* Mount Auburn

*Date of Burial.* Aug. 16 1882

*Undertaker,* [illegible]

*Place of Business,* [illegible]

[illegible] M. D.,

Medical Attendant.

Address, [illegible]

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 39071 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 9

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} L Garvey

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 2 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 204 Forrest

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Inanition

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Nur Cathedral

*Date of Burial,* Aug 10

*Undertaker,* H Hoeck & Son

*Place of Business,* 309 N Central Ave

Geo. W. Dixon M. D.,
~~Medical Attendant.~~

Address, Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo Craig S.J.

Permit No. 59072 *Office of Registrar of Vital Statistics.* Ward 0

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August the 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burlhe A. Hunter

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* one *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 111 Hollen St

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Premature Birth.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemt

*Date of Burial,* August the 10th

*Undertaker,* Adam Fink

*Place of Business,*

Geo. W. Denson M. D.,
Medical Attendant.

Address, Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59073 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59073

HEALTH DEPARTMENT AUG 10 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8' 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Adkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 29 *Years,* ——— *Months,* ——— *Days.*

*Color,* Negro

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Stevedore

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Matanzas Cuba 11 yrs

*Duration of Residence in the City of Baltimore,* Four years

*Place of Death,* {Give street and Number.} 5 Clarke ave

*Cause of Death,* First, (Primary,) Tetanus - (caused by wound on foot)

Second, (Immediate,) Apnoea

*Duration of Last Sickness,* 9 days - (Tetanus only 33 hrs)

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 10

*Undertaker,* W. H. Dugee

*Place of Business,* D. Shutt M. D.,

Medical Attendant.

*Address,* 1118 N. Exeter

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5-9074 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 10 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eben F. Perkins

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } Male

*Age,* 62 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* { Cross out the word not required in this line. } Married

*Occupation,* Clerk —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Smyrna Delaware

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* { Give street and Number. } 33 S. High st

*Cause of Death,* First, (Primary,) Paris Emetics

Second, (Immediate,)

*Duration of Last Sickness,* One year

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Bath Burial

*Date of Burial,* August 10. 1882.

*Undertaker,* Geo W Spence

*Place of Business,* 195 Eutaw *Address,* Southard Thomas Highlandtown Bath Co

A. P. Yeates M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39076 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or soon if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 10 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 10th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Jerouski

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 11 *Months,* 0 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} /

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* Two months

*Place of Death,* {Give street and Number.} # 390 Alice Anna St.

*Cause of Death,* First, (Primary,) Enteritis

Second, (Immediate,)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill

*Date of Burial,* Aug 11th 1882

John H. Kehlenger M. D.,
Medical Attendant.

*Undertaker,* M. Starkey

*Place of Business,* 92 O Ann

*Address,* 394 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

mit No. 5676 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accu- out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1882 BALTIMORE

# CERTIFICATE OF ~~DEATH~~.

*Date of Death,* August 9th 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Louisa Nuckel,

*Sex,* ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* 19 *Years,* 11 *Months,* 12 *Days.*

*Color,* White,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,* None.

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

*Duration of Residence in the City of Baltimore,* All her life.

*Place of Death,* { Give street and number. } 45 St E cor of Richard & Lessides.

*Cause of death,* First, (Primary,) Typhoid Fever.

Second, (Immediate,)

*Duration of Last Sickness,* 13 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetary

*Date of Burial,* Aug 11 1882

*Undertaker,* Andrew Rohde

*Place of Business,* No 48 Penna Ave

John L. Ashbrook M. D.,
Medical Attendant.

*Address,* 273 Washington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...mit No. 9907 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1892 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Towles

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 177 S Dallas st

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Enteritis

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 10

*Undertaker,* L Locks

*Place of Business,* .....

Geo. W. Dawson M. D.,
Medical Attendant.

Address, Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 5907 8 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 10 1882
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dasie Lillman

*Sex,* ~~*Male or*~~ *Female,* { Cross out the word not required in this line. } f

*Age,* — *Years,* 6 *Months,* *Days,*

*Color,* c d

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* Infant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Kent Co, Md.

*Duration of Residence in the City of Baltimore,* 12 days

*Place of Death,* { Give street and Number. } 56 East Lt

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Loud Circle

*Date of Burial,* Aug 10th

*Undertaker,* Chas Lilly

*Place of Business,* 55 Pratt St

A Freystrenzer M. D.,
Medical Attendant.

*Address,* 11 S. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Trans 2766

...rmit No. 69079 *Office of Registrar of Vital Statistics.* Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificat... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 9th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leroy Robinson

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ... *Years,* 2 *Months,* 9 *Days,*

*Color,* colored

~~*Married,*~~ *Single, Widow or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* { Give street and Number. } 23 Philpot-alley

*Cause of Death,* First, (Primary,) ...

Second, (Immediate,) Acute Bronchitis

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* ...

*Date of Burial,* ...

*Undertaker,* ...

*Place of Business,* ...

C. M. Hall M. D., Medical Attendant.

*Address,* 262 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

ermit No. 37080 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurate out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 10 1882
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Francis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Sixty one *Years,* *Months,* *Days.*

*Color,* col'd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Dressmaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} No 84 Union Ave

*Cause of death,* First, (Primary,) Paralysis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* ten months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 10 1882

*Undertaker,* J L Fickus

*Place of Business,* 73 S Jefferson

Walter Wm *M. D.,*
Medical Attendant.

*Address,* 17 E Biddle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 37081

*Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *as soon as possible after death*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH

*Date of Death,* August 9th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Berg.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* 4 *Months.* 17 *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 15 Months.

*Place of Death,* {Give street and number.} 104 Frederick Avenue.

*Cause of death,* First, (Primary,) Typhoid Malarial Fever.

Second, (Immediate,) Was under my professional care 2 days.

*Duration of Last Sickness,* 16 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 11th

*Undertaker,* H. Parlus

*Place of Business,*

John J. R. Boyd M. D.,
Medical Attendant.

*Address,* 973 W. Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5 9082 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* 9 2 Aug. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Diers

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* ..... *Months,* ..... *Days,*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Caper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* about 25 Years

*Place of Death,* {Give street and Number.} 409 Sharpe St

*Cause of Death,* First, (Primary,) Bronchitis chron.

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* a week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Aug. 11th 1882

*Undertaker,* Valley & Koehler

*Place of Business,* Sharp & Cross Sts *Address,* 95 S. Sharpe St

W. Allen M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 59083 *Office of Registrar of Vital Statistics.* Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certific... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec... if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59083

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 9th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Sullivan

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 1 *Years,* 11 *Months,* ... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ...

*Occupation,* ...

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* { Give street and Number. } 10 1/2 E Monument St Modena Alley

*Cause of Death,* { First, (Primary,) Cholera Infantum / Second, (Immediate,) ... }

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug 10th 82

*Undertaker,* G. Pfanz

*Place of Business,* Bank & Wolfe

... M. D.,
Medical Attendant.

*Address,* ...

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 39884 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 10 1882

# CERTIFICATE OF DEATH.

*Date of Death,* August 9 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Winfield Pearson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 9 *Months,* 15 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 215 S. Durham St

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 217 S. Durham St

*Cause of death,* First, (Primary,) Diphtheria,

Second, (Immediate,) Paralysis.

*Duration of Last Sickness,* Three weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Augs. 11th

*Undertaker,* E. J. Tocks

*Place of Business,* 73 Fulton St *Address,* 253 Carlton St

A. J. Gosnell M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 29085 — Office of Registrar of Vital Statistics. Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... if requested so to do, under penalty of law.

59085

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 10/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Simpson

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.} .....

*Age,* ..... *Years,* 6 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 192 E. Balto. St.

*Cause of Death,* First, (Primary,) Dentition

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial.* May 11/82

*Undertaker,* C Rossiter

*Place of Business,* 174 E Baltimore

R. W. Mansfield M. D.,
Medical Attendant.

Address, 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimor

Permit No. 9086

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decease sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Wednesday Aug 9th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Martha Gray

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* — 3 *Months,* ——— *Days.*

*Color,* Black

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto city

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} No 3 Doser St court

*Cause of Death,* {First (Primary,) Second (Immediate,)} Eruptive Fever

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shairp St Cemetery

*Date of Burial,* august 10 1882

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

H Nelson M.D.
Medical Attendant.

*Address* Carlton & Balto

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 3707 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certifi
*out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said d
if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 10 18
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8. 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Kellum

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* 23 *Years,* *Months,* *Days,* 0

*Color,* colored

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,* washing

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Talbot Co Md.

*Duration of Residence in the City of Baltimore,* since 1865.

*Place of Death,* { Give street and Number. } 117 Price St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Tubercular Consumption.

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 10 1882

*Undertaker,* Wilson Murray

*Place of Business,* No 62 East St

Louis B. Horn *M. D.,*
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 37088 *Office of Registrar of Vital Statistics.* War

The Physician who attended any person in a last illness, is responsible for the presentation of this Cert *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie E. J. Gent

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* Four *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 238 Aisquith st

*Cause of Death,* First, (Primary,) Teething

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Aug 11th 82

*Undertaker,* Wm. H. Buckman

*Place of Business,* 234 N. Gay St

E. C. Baldwin M. D.
Medical Attendant.

*Address,* 124 S. Exeter st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 59089 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aaron Franklin

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Russia

*Duration of Residence in the City of Baltimore,* 6 weeks

*Place of Death,* {Give street and Number.} rear of 111 & 113 N Gay st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Measles

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom

*Date of Burial,* Aug 11

*Undertaker,* W Eulan

*Place of Business,*

Geo. H. Benson M. D.,

~~Medical Attendant.~~

*Address,* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

H McKewen

Permit No. 59098

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 11 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* 9th August 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Daneker

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 84 *Years,* 4 *Months,* *Days.*

*Color;* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* — Retired —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 185 S. Charles St.

*Cause of Death,* First, (Primary.) Old age —

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cty

*Date of Burial,* Aug 12th 1882

*Undertaker,* John Meacher

*Place of Business,* 150 Eastern Av

H. R. Owings M.D.,
Medical Attendant.

*Address,* 48 N. Gilmor St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 3797 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 10, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Schenck

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 3 *Months,* ..... *Days.*

*~~Color~~,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 289 N. Bond St.

*Cause of death,* First, (Primary,) Meningitis Tubercular

Second, (Immediate,) .....

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 11th 1882

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St. *Address,* 467 N. Broadway

S. S. White M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 21072 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1882 BALTIMORE

5-9092

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Eliza Ferguson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Harford Co.

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and Number.} 212 Stirling St.

*Cause of Death,* First, (Primary,) Bronchitis

Second, (Immediate,)

*Duration of Last Sickness,* 14 Weeks

All the above information should be furnished to the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* August 11th 1882

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 N. Gay St. *Address,* Cor. Eden & Biddle

E. B. Fenby M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 59093 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 9th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Berry

*Sex, Male or Female,* { Cross out the word not required in this line. } F. Female

*Age,* 41 *Years,* — *Months,* — *Days.*

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* House Keeper

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* { Give street and number. } 55 Pleasant St

*Cause of Death,* First, (Primary.) Acute Consumption

Second, (Immediate.) of Lungs.

*Duration of Last Sickness,* about Eight weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* August 11th-82

*Undertaker,* P. J. Gordon

*Place of Business,* 100 Park St

J. N. Scauff *M.D.,*
Medical Attendant.

*Address,* 45 Mulberry

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59094 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59094

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1882 BALTIMORE

*Date of Death,* Aug. 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James O'Donnell

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 87 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,* Labourer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* about 30 years

*Place of Death,* {Give street and Number.} 18 Stiles st.

*Cause of Death,* {First, (Primary,) Old age

{Second, (Immediate,)

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial* St Vincent Cemetery

*Date of Burial,* Aug 11 1882

*Undertaker,* Jas P Byrne

*Place of Business,* Front st

P. G. Daunel M. D., Medical Attendant.

*Address,* 3 B'way

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 59095 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59095 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 10 — 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Callan

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 6 *Years,* 7 *Months,* 3 *Days.*

*Color,* white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and Number.} 162 N. Wolfe st

*Cause of Death,* First, (Primary,) Scarlatina

Second, (Immediate,)

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial* Greenmount

*Date of Burial* August 11th 1882

*Undertaker,* W. C. Shafer

*Place of Business,* ~~Greenmount~~

P. S. Dausch M. D.,
Medical Attendant.

*Address,* 3 N. B'way

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 59096 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 10. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillian Jenkins

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 5 *Months,* 1 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 1 N. Carlin St

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) Malarial Infantum.

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Aug 6

*Undertaker,* W. Dixon

*Place of Business,* 4 Bond 157

J. W. Hanck M. D., Medical Attendant.

*Address,* 75 E Pal° St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59097 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59097

HEALTH DEPARTMENT AUG 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Moran

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 5 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and Number.} Front & Exeter Sts.

*Cause of Death,* First, (Primary,) Trismus neonatorum

Second, (Immediate,) Trismus Neonatorum

*Duration of Last Sickness,* 24 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 12

*Undertaker,* Michael Moran

*Place of Business,*

Chas. Jan Bibbins M. D.,
Medical Attendant.

*Address,* 47 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5989 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 10. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Krill

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 40. *Years,* — *Months,* — *Days,* 1

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Store Keeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 11. Years

*Place of Death,* {Give street and Number.} Sharp & Hoch sts

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Congestion of the Lungs & Kidneys

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Aug 13th 1882

*Undertaker,* Felix Koehler

*Place of Business,* Sharp & Gross Sts. *Address,* 146 Hanover St

Herbert Carl M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 59099

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT
SEP 11 1882
BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Frodick

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 11 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Widow

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} No 6 Canton St

*Cause of Death,* First, (Primary.) Intestinal Inflammation

Second, (Immediate.)

*Duration of Last Sickness,* 14 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Sept 11 1882

*Undertaker,* H. Bender & Son

*Place of Business,* 252 Canton Ave

E. L. Williams M.D.,
Medical Attendant.

*Address,* 23 Eden St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 39100 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 10 th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Ely

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 58 *Years,* ... *Months,* ... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 46 years

*Place of Death,* {Give street and Number.} 354 Eastern Ave

*Cause of Death,* First, (Primary,) Valvular disease of Heart

Second, (Immediate,) ...

*Duration of Last Sickness,* Three days -

All the above information should be furnished by the Physician.

*Place of Burial,* Bethel Cemetery

*Date of Burial,* August 12th 1882

*Undertaker* Denny & Mitchell

*Place of Business,* 65 S Broadway

Jno. F. Shaw M. D., Medical Attendant.

*Address,* 68 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 57101 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59101

HEALTH DEPARTMENT AUG 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Meier

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} /

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Near 2 months.

*Place of Death,* {Give street and number.} 160 Hurbert st E Pont.

*Cause of death,* First, (Primary) Spinal Anemia of

Second, (Immediate,) Thick heart involved.

*Duration of Last Sickness,* Life time nearly

All the above information should be furnished by the Physician.

*Place of Burial,* August 12th 1882

*Date of Burial,*

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

E. W. Denny M. D., Medical Attendant.

*Address,* E P Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

14

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Brannan

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* One *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} No 87 N. Schroeder St

*Cause of Death,* First (Primary,) Faulty Development Heart

Second (Immediate,) Congestion Lungs

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 11th 1882

*Undertaker,* Jno S Maker

*Place of Business,* 150 Camden

J. P. McCormick M. D.
Medical Attendant.

*Address* 454 Madison Ave

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 27703 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

59103

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1882 BALTIMORE

*Date of Death,* Aug 10 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Howard Henson

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* Years, 9 Months, Days,

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } 139 S Dallas St

*Cause of Death,* { First, (Primary,) Congestion of Lungs

Second, (Immediate,) about 24 hrs

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 11th

*Undertaker,* Chas A White

*Place of Business,* 25 Saratoga St

Geo. D Kinnemon M. D., Medical Attendant.

*Address,* East Bel.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59104 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 11 1882 BALTIMORE

59104

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Gray

*Sex, Male ~~or~~ Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower.* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 293 N. Broadway

*Cause of Death,* First, (Primary,) Anemia

Second, (Immediate,) Brain trouble

*Duration of Last Sickness,* Life time

All the above information should be furnished by the Physician.

*Place of Burial* Balto. Cemetery

*Date of Burial,* Aug 11th 1882

*Undertaker,* A. J. Christhilf's

*Place of Business,* Mount 2-

Francis A. Sauer M. D.,
Medical Attendant.

*Address,* 105 N. Central Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 27105 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

59105

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 12 1892 BALTIMORE

*Date of Death,* August th 10th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marianna Dedofsky

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Poland

*Duration of Residence in the City of Baltimore,* 6 Months

*Place of Death,* {Give street and Number.} 141 S Chapel St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Bronchitis & Fever

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels

*Date of Burial,* August th 12

*Undertaker* J Brown

*Place of Business,*

Geo W. Benson M. D.,

~~Medical Attendant~~

*Address,* Com. & South

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 59706 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 11 1882 BALTIMORE, MD.

59106

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 10th 1882 Colored

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth ~~Gotzhan~~ L. Jenners

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 3 *Months,* — *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* {Give street and Number.} 40 Oxford Av

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Thanksgiving Cemetery

*Date of Burial,* August 12 82

*Undertaker,* Wm. Kennedy

*Place of Business,* 116 Orchard St

J. A. Gillis M. D.,
Medical Attendant.

*Address,* 180 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...timore,

Permit No. 59107 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 10th Aug, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elvina Schnitzler

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 3 *Months,* 23 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 206 Hanover St

*Cause of Death,* First, (Primary.) Cholera Infantum, 1 day

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug 12 1882

A. W. Dodge M.D.,
Medical Attendant.

*Undertaker,* C. F. Krause

*Place of Business,* 207 Hanover *Address,* 201 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 3908 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug - 10th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Joseph Leet.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 14 *Days,*

*Color,* White —

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} St. Vincent's Infant asylum.

*Cause of Death,* First, (Primary,) Marasmus —

Second, (Immediate,)

*Duration of Last Sickness,* Life —

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peter's

*Date of Burial,* Aug - 11 / 82.

*Undertaker,* J. B. Leet.

*Place of Business,* 707 W. Balto. St. *Address,* Harlem av. Calton —

R. He. Goldsmith M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 01707 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59109

# CERTIFICATE OF DEATH.

*Date of Death,* August 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ulrich König

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 80 *Years,* — *Months,* — *Days,*

*Color,* Color

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Tailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany 32 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 12 Sommerset street

*Cause of Death,* First, (Primary,) Cholerine

Second, (Immediate.) Collapse

*Duration of Last Sickness,* Three (3) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug. 13th 1882

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay

H. Wesner M. D.,
Medical Attendant.
Address 30 Eager Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5-9710 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 11th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Diena Hagedorn

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... 6 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 326 Canton Av.

*Cause of Death,* First, (Primary,) Variola (Malignant)

Second, (Immediate,)

*Duration of Last Sickness,* Ten Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Aug 12 1882

*Undertaker,* John Harris

*Place of Business,* 382 Canton Av

John H. Kellogg M. D., Medical Attendant.

*Address,* 243 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 3911 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Edwin Phillips

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* 25 *Years,* 4 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow or Widower~~

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 1 Mott St

*Cause of Death,* First, (Primary.) Epilepsy

Second, (Immediate.)

*Duration of Last Sickness,* 24 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* August 13 1882

*Undertaker,* John Hornig

*Place of Business,* 982 Orleans St

E. B. Fenby M. D.,
Medical Attendant.

*Address,* Cor Eden & Biddle Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5912 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Charles Stoffil

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 11 *Years,* 6 *Months,* ~~Days.~~

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} No 81 Hampstead st

*Cause of Death,* First, (Primary,) Peritonitis

Second, (Immediate,)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Emanuel Cemetery

*Date of Burial,* August 12 1882

Thomas P. Evans M. D.,
Medical Attendant.

*Undertaker,* John Kenney

*Place of Business,* 382 Orleans St *Address,* 92 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit № 7113 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

59113

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thaclacin Parrell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 8 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 26 Wilcox St.

*Cause of Death,* First, (Primary,) Diarrhoea

Second, (Immediate,) Hydrocephalus

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug 12 th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 60 Greenmount av *Address,*

Jno. Burke Boyle M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59114 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59114

# CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1882 -

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michl. O'Connell

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 5-2 *Years,* 1 *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Laborer -

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ireland,

*Duration of Residence in the City of Baltimore,* 30 years -

*Place of Death,* { Give street and Number. } 2 Fort Av.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Pulmonary Tuberculosis,

*Duration of Last Sickness,* about 6 months,

All the above information should be furnished by the Physician.

*Place of Burial.* St Peters Cemetery

*Date of Burial.* August 13th 1882,

*Undertaker,* David Filan

*Place of Business,* 109 West 9t

P. J. H. Tall, M. D.,
Medical Attendant.

*Address,* 152 Shank St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 3 Board of Health, City of Baltimore,

Permit No: 59115

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday August 11th 1872

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schriefer

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Fem

*Age,* 3 *Years,* 3 *Months,* ..... *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} NE Cor Pratt & Durham

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Diptheritis

*Duration of last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* August 12 72

*Undertaker,* No. Lemly

*Place of Business,* No 35 Bank St

Jas C Benyman M. D.
Medical Attendant.

*Address,* Cor Bdy & Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

... PRINTERS AND STATIONERS.

Permit No. 59116 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

59116

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 11th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Maxwell

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* A few minutes *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} Res, Eldery St No 122

*Cause of Death,* First, (Primary,) I believe premature labor. I did not attend child

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* A few minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* Aug 12, 82.

*Undertaker,* Wm L. Hickman

*Place of Business,* 234 Aisquith St

Hilton N. Taylor M. D.,
Medical Attendant.

Address, Broadway & Res Eldery St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Permit No. 59117 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1892 BALTIMORE

59117

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 11 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia Otho

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} /

*Age,* ..... *Years,* 9 *Months,* ..... *Days,*

*Color,* colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} ..... V

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 80 Russell St.

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* August 13

*Undertaker,* H Ross

*Place of Business,* 75 Conway St.

A. M. Hall M. D.
Medical Attendant.

*Address,* 262 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Attended

SECTION 2. *And be it further enacted and ordained*, that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 59118 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59118 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 11. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Hathon

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 12 *Months,* ..... *Days,*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bach

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} No. 106 Raburg St

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 12

*Undertaker,* H Ross

*Place of Business,* 95 Lonsdale St *Address,* 306 N Fayette St

C. W. Nelly M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 3777 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

AUG 12 1882 BALTIMORE MD

59119

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Cross.

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* [illegible] *Months,* 12 *Days,*

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 156 Cor Dallas & Alice ann 85

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Scarlet Fever

*Duration of Last Sickness,* Five days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathews Cem

*Date of Burial,* Aug 13 1882

*Undertaker,* Oeby Sanders & Co

*Place of Business,* 452 Canton Av

A. L. Dashiell, Jr. M. D.,
Medical Attendant.

Address, 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* that whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59120 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59120

HEALTH DEPARTMENT AUG 12 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 12

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton O Rackner

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 21 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 19 Cambridge St

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels

*Date of Burial,* Aug 12

*Undertaker,* H Sander

*Place of Business,*

Geo. H. Bruns M. D.,

Medical Attendant.

*Address* 8 N. of Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59721 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Elizabeth Bomba

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... 9 *Months,* ..... 8 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} # 292 S. Bond St.

*Cause of Death,* First, (Primary,) Entero-colitis

Second, (Immediate,)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* H. Altheimer Cem.

*Date of Burial,* Aug 13th

*Undertaker,* Herbert Geipel

*Place of Business,* S. Bond St. 151

John H. Kehlenger M. D., Medical Attendant.

*Address,* # 1143 Aliceanna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59122 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59122

# CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Shanahan

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* *Months,* *Days,*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 82 S. Carey st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Typhoid Fever

*Duration of Last Sickness,* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* H Potts Cemetery

*Date of Burial,* Aug 13

*Undertaker,* J B Cook

*Place of Business,* 707 W Balto

J. McHenry M. D.,

Medical Attendant.

*Address,* 582 W Lafayette Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 59123 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59123

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Leutz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 62 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Baker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give street and Number.} On Scott & cor of Residence of Hanover St

*Cause of Death,* First, (Primary,) Being thrown from wagon by runaway horses

Second, (Immediate,) Fracture of skull with concussion of Brain

*Duration of Last Sickness,* About ½ hour

All the above information should be furnished by the Physician.

*Place of Burial,* Laudenpark Cem

*Date of Burial,* Aug 13th 1882

*Undertaker,* Julius Koehler

*Place of Business,* Harp & Cross st. *Address,* 168 Race st

Jno D Blake M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59124 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59124

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 13 1882 BALTIMORE

*Date of Death,* Aug 13 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William A Hoffman

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* 18 *Days,*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 28 Hanover Lane

*Cause of Death,* First, (Primary,) Stomatitis

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 15/82

*Undertaker,* Plummer

*Place of Business,*

Geo. W. Benson M. D.

~~Medical Assistant.~~

*Address,* Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 37125 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

37125

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 12. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Magarity

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 9 *Years,* 11 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} # 185 E. Pager st

*Cause of Death,* First, (Primary,) Gastro-enteritis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 8 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Augt 14th 1882

*Undertaker,* Henry W. Mears

*Place of Business,* 145 N. Gay st

Geo. A. Hartman M. D., Medical Attendant.

*Address,* # 305 E Caroline st.

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 59126 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59126

# CERTIFICATE OF DEATH.

*Date of Death,* August the 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Johnson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days,*

*Color,* Black

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Washing

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Live thim

*Place of Death,* {Give street and Number.} 35 Wayne St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Comsumtion

*Duration of Last Sickness,* 9 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Burial

*Date of Burial,* August the 13

*Undertaker,* Mr Ross

*Place of Business,*

Geo W. Dennis M.D.,

~~Medical Attendant~~

Address Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. [illegible] *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE

59127

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 12th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lunigunda Foringer

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 78 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Widow

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 60 Yrs

*Place of Death,* { Give street and Number. } 1069 E. Baltimore

*Cause of Death,* { First, (Primary,) Cholera Morbus

Second, (Immediate,) .....

*Duration of Last Sickness,* 1 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Aug 14th 1882

*Undertaker,* G. Friend

*Place of Business,* Baltimore St *Address,* 218 Broadway

Dr. Gatch, *M. D.,* Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 59128 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59128

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 12 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,*

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.}

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, Months, Days,

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State of country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.}

*Cause of Death,* First, (Primary,)

Second, (Immediate,)

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Aug 12 82

*Undertaker,* G. Frame

*Place of Business,* Penn & Mt Address,

M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 9112 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59129

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William S. Robb

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* 23 *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Washington City, D.C.

*Duration of Residence in the City of Baltimore,* Two Months

*Place of Death,* {Give street and Number.} 165 S. Broadway

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Cholera-Infantum

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Washington D.C.

*Date of Burial,* Aug 13th 1882

Nicholas L. Dashiell M. D. Medical Attendant.

*Undertaker,* Henry Dangerfield

*Place of Business,* 252 Eastern Av. Address, 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

**Permit No** 59130

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HALTIMORE DEPARTMENT AUG 12 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Dennis McSweeney

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* — *Months,* — *Days.*

*Color,* *Sex,*

*Married, Single, ~~Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Lamplighter

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and number.} 200 Sabatier

*Cause of Death,* First (Primary,) Pulmonary Consumption

Second (Immediate,) Epithelioma Peritonitis

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* August 13 1882

Wm F. X. Sadtler M. D.
Medical Attendant.

*Undertaker,* Matthias Cadwgan

*Place of Business,* 227 Mulberry St *Address* 763 W Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 9101 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE

59131

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 12

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Howard

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 10 *Months,* *Days,*

*Color,* C S

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Wagon alley near Amity

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Measles

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 14

*Undertaker,* W N Dupree

*Place of Business,*

Geo. N. Benson M. D., Medical Attendant

*Address,* Cor of Penna

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 39132 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE

*Date of Death,* Aug 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Hohmann

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 29 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 40 Diamond Alley

*Cause of Death,* First, (Primary,) Typhoid fever

Second, (Immediate,) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home Cemetery

*Date of Burial,* August 13th 82

*Undertaker,* Geo Lafferan

*Place of Business,* 124 Penna Ave *Address,* 1705 N. Sharp St

Wm Gwinner M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker ~~or other persons superintending~~ the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 9705 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE

59133

# CERTIFICATE OF DEATH.

*Date of Death,* July 12 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles J. Mann

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } .....

*Age,* ..... *Years,* ..... *Months,* 6 *Days,*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* { Give street and Number. } 48 Back alley

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* Aug 13

*Undertaker,* J. J. Davis

*Place of Business,* 103 Lee st

C. M. Hall M. D.,
Medical Attendant.

*Address,* 26 & Sharp st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 59134

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 11/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Dove Bemsley

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 10 *Months,* ——— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Harford Co. Md.

*Duration of Residence in the City of Baltimore,* 3 yrs and 8 mos.

*Place of Death,* {Give street and number.} Harlem av. and Fulton Av.

*Cause of Death,* First, (Primary.) Infantile Paralysis.

Second, (Immediate.) Exhaustion.

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Abington Harford County Md

*Date of Burial,* Aug 14th 1882

R. H. Goldsmith M.D.,
Medical Attendant.

*Undertaker,* Denny & Whitacre

*Place of Business,* 515 W. Fayette St *Address,* Harlem Av. and Calhoun St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 59136. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 12th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Gallagan

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 29 *Years,* — *Months,* — *Days.*

*Color,* White *Sex,* Female

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Washington DC

*Duration of Residence in the City of Baltimore,* 24 Years

*Place of Death,* {Give street and number.} 115 Carrollton Avenue

*Cause of Death,* {First (Primary,) Hereditary

{Second (Immediate,) Acute Pulmonary Phthisis

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Cem

*Date of Burial,* Aug 14th 1882

A. A. White M. D.
Medical Attendant.

{*Undertaker,* Henry Mitchell

{*Place of Business,* 550 W Fayette St *Address* 113 Carrollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 5-9-182 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 12 M 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 12 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Crosby.

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 46 *Years,* — *Months,* — *Days,*

*Color,* White

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 19 Mos?

*Place of Death,* {Give street and Number.} No 40 Courtland st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Apoplexy.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudin Park

*Date of Burial,* August 12th 1882

*Undertaker,* Andrews & Hodges

*Place of Business,* *Address,* No 476 Druid Hill Ave

Chas. B. Zug M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 3937 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57137

# CERTIFICATE OF DEATH.

*Date of Death,* ~~George Oct~~ 12 Aug 14

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George McKinney

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~Years,~~ 6 *Months,* ~~Days,~~

*Color,* White

*~~Married~~, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 374 E. Monument St

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) Inanition

*Duration of Last ~~Sickness~~,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* McE Cem

*Date of Burial,* Aug 14

*Undertaker,* J Harvey

*Place of Business,*

John Morgan M. D.
Medical Attendant.

*Address,* 234 E Monument
N E Dispensary

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5 7 3 3 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59138

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1882 BALTIMORE

*Date of Death,* August 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund Walker Fuller

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* 10 *Months,* *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give street and Number.} 170 W John St

*Cause of Death,* First, (Primary.) Febris

Second, (Immediate.) Typhoides

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Green Mount Cem

*Date of Burial,* Aug 13th 1882

*Undertaker,* Kelly & Hutchinson

*Place of Business,*

Edmund R Walker M. D.,
Medical Attendant.

*Address,* 183 Linden Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 39139 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E. Peters

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months,* — *Days,*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 10 Oxford St

*Cause of Death,* First, (Primary,) Mal Nutrition - Conjest

Second, (Immediate,) Atrophy

*Duration of Last Sickness,* all it's life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 13th 1882

*Undertaker,* A Hemsley

*Place of Business,* Address. Comm of Health

Geo. N. Dixon M. D.

~~Medical Attendant~~ Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 39140 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 14
1882
BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 13th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 12 hours Days.

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 320 S Paca st

*Cause of death,* First, (Primary,) Premature birth

Second, (Immediate,)

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* August 13 1882

*Undertaker,* C F Kraus

*Place of Business,* Hanover St

J. C. Burch M. D.,
Medical Attendant.

*Address,* 5 E Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {over.}

Permit No. 59141 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 12th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis J. Hart

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, 7 Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 98 W. Ave

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Inanition

*Duration of Last Sickness,* 10 days 6

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Augt 13th 1882

*Undertaker,* Henry W. Means

*Place of Business,* 145 N. Gay St *Address,*

Jno Frost Le Gay M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59142 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wilhelm Bollinger

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* 4 *Months,* 12 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 4 months 12 days

*Place of Death,* {Give street and number.} Parkin Street 80

*Cause of death,* First, (Primary,) Teeth complaint

Second, (Immediate,) convulsions

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Forest home

*Date of Burial,* 13 August 1882

*Undertaker,* J. H. Riels

*Place of Business,* 858 W Fatth

L. J. Reinhardt M. D.,
Medical Attendant.

*Address,* W Fayette St 224

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39143 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 12th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sleeuken

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 7 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md,

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 224 S. Ann St.

*Cause of Death,* First, (Primary,) Diptheritic Croup.

Second, (Immediate,)

*Duration of Last Sickness,* One week,

All the above information should be furnished by the Physician.

*Place of Burial,* Md Carmel Cemetery

*Date of Burial,* Aug 13th 1882

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave

John H. Kellogg M. D., Medical Attendant.

*Address,* 2443 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 69464 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

25

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE

*Date of Death,* August 12 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sabina Hay

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 52 *Years,* 8 *Months,* 14 *Days,*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Lady

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* about 30 yrs

*Place of Death,* {Give street and Number.} 31 S. Gilmore

*Cause of Death,* First, (Primary,) a complication of diseases

Second, (Immediate,) leading to dropsy

*Duration of Last Sickness,* Six Years.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 14 1882

*Undertaker,* Joseph Bevon

*Place of Business,* 707 West Baltimore

John Wood M. D.,
Medical Attendant.

*Address,* 322 Hollins st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5912[illegible] *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 12th 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo. V. Angelmeier.

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 28 *Years,* 3 *Months,* 5 *Days.*

*Color,* White,

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Excavator.

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* all his life.

*Place of Death,* { Give street and number. } 537 N Saratoga St.

*Cause of death,* First, (Primary,) Bright's Disease,

Second, (Immediate,) Coma,

*Duration of Last Sickness,* Six Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Aug 20' 1882

*Undertaker,* J. C. Cook

*Place of Business,* 707 W Balto St.

John L. Ridgely M. D.,
Medical Attendant.

*Address,* 275 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5914 Office of Registrar of Vital Statistics. War

The Physician who attended any person in a last illness, is responsible for the presentation of this Cer
ect, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner,
if requested so to do, under penalty of law.

5914

No PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 12th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H. McCafferty

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 23 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* 23 years

*Place of Death,* { Give street and Number. } Residence 84 Spring St near Madison St

*Cause of Death,* { First, (Primary,) Consumption

Second, (Immediate,) 6 months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 14th 82

*Undertaker,* Wm H. Hickman

*Place of Business,* 284 E. Gay St *Address,* East St

C S Mason *Medical Attendant.* *M. D.,*

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5914 7 *Office of Registrar of Vital Statistics.* Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Madison Sires

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* 10 *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md

*Duration of Residence in the City of Baltimore,* Life time,

*Place of Death,* {Give street and Number.} 67 S. Washington St.

*Cause of Death,* First, (Primary,) ...

Second, (Immediate,) Epilepsy.

*Duration of Last Sickness,* Life time,

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 13th 1882

*Undertaker,* H. M. Gehmeyer

*Place of Business,* 361 Canton Av.

Nicholas L. Dashiell, M. D.,
Medical Attendant.

*Address,* 207 S. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59148 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 13-14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 12. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Wellenowsky

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 3 *Years,* *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } 48 N. Duncan St.

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Hy Sansus Cemetery

*Date of Burial,* August 13 1882 H. G. Lusk M. D.,

*Undertaker,* John Henrig Medical Attendant.

*Place of Business,* 382 Orleans St *Address,* Balt. & Paca Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 59149 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1 BALTIMORE

*Date of Death,* August 11 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah McAdams

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 61 *Years,* — *Months,* *Days,*

*Color,* white

*Married,* ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* { Give street and Number. } St. Vincents Hospl

*Cause of Death,* First, (Primary,) — Paralysis —

Second, (Immediate,)

*Duration of Last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemy

*Date of Burial,* Aug 14 1882

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Hanover

J. H. Butler M. D.,

Medical Attendant.

Address, 144 Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5915 U Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1882 BALTIMORE

*Date of Death,* Aug 12th, 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caspar Hehn

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 49 Years, ..... Months, ..... Days,

*Color,* White

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 23 years.

*Place of Death,* { Give street and Number. } # 195 S. Wolfe St

*Cause of Death,* { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Aug. 14th 1882

*Undertaker,* H. A. Schmeltz

*Place of Business,* 202 Eastern Ave

John H. Kellberger M. D., Medical Attendant.

*Address,* 143 Alice Anna St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 39181 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Zetter

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} .....

*Age,* 58 *Years,* 6 *Months,* 24 *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} .....

*Occupation,* Tailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 33 yrs

*Place of Death,* {Give street and Number.} 2912 Lafayette St

*Cause of Death,* First, (Primary,) Chronic Anasarca

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* Ten Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* Aug 13. 1882

*Undertaker,* H. Sanderlin

*Place of Business,* 252 Canton Ave.

A. Lippert Sherfey M. D.,
Medical Attendant.

*Address,* 11 S. Front St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5715 2 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1932 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 12: 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Art name of Columbus Durham

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 3 Hours ~~Days.~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X X X

*Occupation,* X X X

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 76 E Pratt St Columbus Durham

*Cause of Death,* First, (Primary,) From Fall

Second, (Immediate,) .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial* Green Mount Cem

*Date of Burial,* Aug 13th

*Undertaker,* Wm J. Nelson

*Place of Business,* 736 Canton Av *Address,* 299 E Baltimore St

James E. Donnelly M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER].

Board of Health, City of Baltimore,

Permit No. 39153 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 13 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 9th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Lindeman.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* ..... *Years,* ..... 10 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 275 S. Frm St

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,)

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* St A Johnsons

*Date of Burial,* Aug 10 1882

*Undertaker,* G. Lemmon

*Place of Business,* Bonts & Wolf *Address,* # 243 Lee Ann St

John H. Kellogg M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 59182

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ketter Saunders

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.} Female

*Age,* 4 *Years,* — *Months,* — *Days.*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* One year

*Place of Death,* {Give street and number} 12 Frankin Alley

*Cause of Death,* First, (Primary,) Rickets

Second, (Immediate,) Convulsions

*Duration of last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug. 13 1882

*Undertaker,* Wm H. Bishop & Co.

*Place of Business,* 97 W. Hill ave.

Robt W Johnson M. D.
Medical Attendant.

for Bull Street Dispensary

*Address,* 70 Cathedral St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Permit No. 5-9155 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 12 August 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna E Eisenhart

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 2 *Years,* 6 *Months,* 15 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number.} Marion Street 47

*Cause of death,* First, (Primary,) Cholera morbus

Second, (Immediate,) weakness

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* 14 August

*Undertaker,* ~~L. J. Klein~~ John Herweyh

*Place of Business,* Orleans St

L. J. Reinhardt M. D.,
Medical Attendant.

*Address,* 274 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 5756 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Augt 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hoarse

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 67 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 65 Years

*Place of Death,* {Give street and Number.} 928 Lancaster alley

*Cause of Death,* First, (Primary,) Dropsy

Second, (Immediate,) Heart Disease

*Duration of Last Sickness,* Four Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial.* August 14 1882

*Undertaker,* John Kearney

*Place of Business,* 382 Orleans St *Address,*

M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 3[illegible] *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

59157

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

*Date of Death,* Aug 13/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Brown

*Sex, Male* ~~*or Female*~~ {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 8 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 62 Walnut Alley

*Cause of Death,* First, (Primary,) Inanition

Second, (Immediate,)

*Duration of Last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial* Louden Park

*Date of Burial,* August 15th

*Undertaker,* Walter Immel

*Place of Business,* 315 West Baltimore

C. Miller M. D.,
Medical Attendant.

*Address,* 89 Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

# Board of Health, City of Baltimore,

**Permit No.** 5918

OFFICE OF REGISTRAR OF VITAL STATISTICS

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* August 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Johann Albert Radecke

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Boxmaker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 70, N. Fremont Street

*Cause of Death,* {First (Primary,) Second (Immediate,) Ulcus Ventriculi Perforans.

*Duration of Last Sickness,* Five months.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls German Lutheran Cemetery Druid Hill Ave

*Date of Burial,* August 14th 1882

Morris Steiner M. D.
Medical Attendant.

*Undertaker,* John Schultheis

*Place of Business,* 159½ Mulberry Street

Address 319 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 59159 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

59159

# CERTIFICATE OF DEATH.

*Date of Death,* 12th July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alma E. Pearson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 12 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} N W Cor. Camden & Eutaw

*Cause of death,* First, (Primary,) Morbus Cornleus

Second, (Immediate,) Blue Jaundice

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 14th 82

*Undertaker,* Wm. J. Tickner

*Place of Business,* 136 Camden st

H W Webster M. D., Medical Attendant.

*Address,* 57 Barre, l

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 59160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

REGISTERED AUG 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Turcan

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* ____ *Years,* 14 *Months,* ____ *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* during life time

*Place of Death,* {Give street and number.} 284 S. Dallas st:

*Cause of Death,* First (Primary,) Dentition

Second (Immediate,) Convulsions

*Duration of Last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphans' Cemetery

*Date of Burial,* 10. o Clock A. M. 14th aug.

*Undertaker,* John Brown

*Place of Business,* No 224 South Bethel st

Dr: Charles Koerner M. D.
Medical Attendant.

*Address* No 214 S. Bond str:

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. [illegible] *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, and if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE.

59161

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 13 th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aloysius Kunnal

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~2~~ ~~Years,~~ ~~Months,~~ 2 hours ~~Days.~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and Number.} 21 N. Wolfe St.

*Cause of Death,* First, (Primary,) Non Viable

Second, (Immediate,) " "

*Duration of Last Sickness,* 2 hours

All the above information should be furnished by the Physician.

*Place of Burial* Allegheny Cemetery

*Date of Burial,* Augs. 14

*Undertaker,* W. Lynch

*Place of Business,* 151 E. Bond

E. P. Lons M. D.,
Medical Attendant.

*Address,* 373 E. Balto. St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59162 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

59162

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 13 - 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Dan Kitzner

~~Sex~~, *Male* ~~or Female~~, { Cross out the word not required in this line. }

*Age,* 71 *Years,* — *Months,* — *Days,*

*Color,* Wht.

*Married,* ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

*Occupation,* Tailor

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* { Give street and Number. } 45 Albemarle

*Cause of Death,* First, (Primary,) old age

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Mount Carmel

*Date of Burial.* Aug 15

*Undertaker,* W Dugel

*Place of Business,* 1512 Bond *Address,* 245 E Monument

J Guthrie M. D.,
Medical ~~Attendant.~~

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 5-9163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14. 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 13/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Livingston

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 1 *Months,* 23 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 330 W Hoffman st

*Cause of Death,* First, (Primary,) Enteric Colitis

Second, (Immediate,) Prostration

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 14th

H. K. Rotterhoff M. D.
Medical Attendant.

*Undertaker,* Geo Schilling

*Place of Business,*

*Address,* 205 W Baltimore st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 42.]

Permit No. [illegible] *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certific[illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or s[illegible] if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59164

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

*Date of Death,* August 12th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marcella V Marshall

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 29 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* ____

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Md City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and Number. } 124 S Sharp St

*Cause of Death,* { First, (Primary.) / Second, (Immediate,) } Phthisis Pulmonalis

*Duration of Last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial* London Park Cy

*Date of Burial,* Aug 14th 1882

*Undertaker,* John S Thacher

*Place of Business,* No 151 Camden

Jno D Blake M. D.
Medical Attendant.

*Address,* 168 S Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Permit No. 57165 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Saturday August 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Laughlin

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 41 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Butcher

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 19 Valley St

*Cause of death,* First, (Primary,) Vegetations on Aortic Valve of Heart as showed by Post mortem.

Second, (Immediate,) Anemia of Brain with Convulsions

*Duration of Last Sickness,* 12 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 14. 1882

*Undertaker,* Bachelmans Carman

*Place of Business,* 38 Exeter St

Wilmer Bruton M. D.,
Medical Attendant.

*Address,* 25½ Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5766 *Office of Registrar of Vital Statistics.* Wa

The Physician who attended any person in a last illness, is responsible for the presentation of this Cert *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said :f requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59166

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 13

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 8 *Months,* 14 *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 91 Chesnut alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Dentition

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 14

*Undertaker,* Alex Hensley

*Place of Business,*

Geo. W. Dawson M. D.,

~~Medical Attendant~~

*Address,* Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Balti[illegible]re.***

Section 2. *And be it further enacted and ordained,* That whenever any perso[illegible]die in the said city, it shall be the [illegible] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Henry McKewen

Permit No. 27167 *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

*Date of Death,* Aug 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Becker

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 9 *Months,* 18 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Falls City Texas

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 120 Lombard Near Milliken Alley

*Cause of Death,* First, (Primary,) Diphtheritis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Five (5) Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bolton Cemetery

*Date of Burial,* August 25th 1882 S. E. Shaw M. D.,

Medical Attendant.

{ *Undertaker,* Henry Shedaker

{ *Place of Business,* 316 N. Central Ave. Address,

Col'd Foreign Parentage Texas

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57168

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* August 12th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Coy Krebs

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 77 *Years,* 1 *Months,* 13 *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 67 Years

*Place of Death,* {Give street and number.} 297 Lafayette Ave.

*Cause of Death,* First, (Primary.) Age

Second, (Immediate.) Collapse

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* August 14th 1882

*Undertaker,* Stewart & Mourn

*Place of Business,* 35 Park ave

H. Christian M.D.,
Medical Attendant.

*Address,* 431 Penna. Ave.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5716 / *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

5716 9 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 12. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Godey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 30 Boetn St.

*Cause of death,* First, (Primary,) Cancer of womb

Second, (Immediate,)

*Duration of Last Sickness,* 6 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 14 - 1882

*Undertaker,* W. H. Madden

*Place of Business,* 46 East Pratt St

G Lane Tanyhill M. D., Medical Attendant.

*Address,* 129 W Biddle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5770 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 13th. August 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Koffer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,* ~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime.

*Place of Death,* {Give street and Number.} Corner of Exeter & 48!

*Cause of Death,* First, (Primary,) Dentition

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 4 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Aug 14th 82

William Lenkel M. D.

Medical Attendant.

*Undertaker,* G. Frank

*Place of Business,* Bank & Wolf *Address,* S. Wolfe & 117

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 5111 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 14th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Rau

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 5 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} W. 176 Madery Ave

*Cause of death,* First, (Primary,) Simple Pox

Second, (Immediate,) ....

*Duration of Last Sickness,* several days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Aug 14th 82

*Undertaker,* C. Frazer

*Place of Business,* Banks & Wolf Sts. *Address,* 12 S. Eden st

L O Wunderlich M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 59172 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 14 1882
BALTIMORE

59172

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Eva Breitschwardt

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 21 *Months,* ..... *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S

*Occupation,* S

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balti

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 260 S. Broadway

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,) Acute Tuberculosis,

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 15 August 1882

*Undertaker,* John C. Schutt

*Place of Business,* 265 Aisquith *Address,* [illegible]

Geo. D. Lawrence M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59175

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 14th August 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Senft

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 6 Tompson str

*Cause of Death,* First, (Primary.) Cholera infant

Second, (Immediate.)

*Duration of Last Sickness,* ab 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cem

*Date of Burial,* Aug 15 th 1882

C Hoffman M.D.,
Medical Attendant.

*Undertaker,* Adam Fiss

*Place of Business,* 461 N Gay *Address,* 57 Aisquith

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 13. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Veith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single~~, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Sailor

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* About 40 yrs

*Place of Death,* {Give street and number.} 122 Schroeder

*Cause of Death,* First (Primary,) Paralysis.

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* two wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Ft. Alfred Cem

*Date of Burial,* Aug 15 1882

Herbert Harlan M. D.
Medical Attendant.

*Undertaker,* Henry Hoede

*Place of Business,* 30 N Central Av *Address* 246 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 39773 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jaslaski

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* One *Years,* 11 *Months,* *Days,*

*Color,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} No 2 Bethel Place

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* August 14 1882

*Undertaker,* A. B. Lamb

*Place of Business,* No 35 Bond

Wm. L. Russell M. D.,
Medical Attendant.

*Address,* 238 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department of Baltimore,

**Permit No.** 59176 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE.

*Date of Death,* August 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Kenny

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Two *Years,* five *Months,* *Days.*

*Color,* ~~White~~ white *Sex,*

*~~Married, Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Garrett St No 7.

*~~Duration of Residence in the City of Baltimore,~~*

*Place of Death,* {Give street and number.} South Paca St. No 154

*Cause of Death,* First (Primary,) Summer Complaint

Second (Immediate,)

*Duration of Last Sickness,* 14 days.

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery Adolph J. Boehm M. D.

*Date of Burial,* August 14 Medical Attendant.

*Undertaker,* B. Hall

*Place of Business,* 82 West St, *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 5977 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59177 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F Lowry

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Eleven months *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Nurses & Childrens Hospital

*Cause of Death,* First, (Primary,) Mal-Nutrition

Second, (Immediate,)

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park

*Date of Burial,* Aug 14

*Undertaker,* C H Blizzard

*Place of Business,* 198 Broadway *Address,*

G. F. Bryan *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

20 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 15 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 12th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} R P Lord

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Veterinary Surgeon

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* Three years

*Place of Death,* {Give street and number} 156 W Hoffman St.

*Cause of Death* First, (Primary,) Consumption

Second, (Immediate,) Do.

*Duration of last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 15th

*Undertaker,* C H Blizard

*Place of Business,* 198 Penn

J. Bacon M. D.
Medical Attendant.

*Address,* Cor Arlington ave & Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 59179

*Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59179

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

*Date of Death,* Aug 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lee Wagner

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* 12 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 176 S. Central ave

*Cause of Death,* First, (Primary,) Confluent

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* eight days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick's cemetery

*Date of Burial,* Aug. 13. 1882

*Undertaker,* H. A. Dauer

*Place of Business,* 74 S. Broadway

John B. Lemmon M. D., Medical Attendant.

*Address,* 516 Caroline & Read Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 58180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1 4 15 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 11 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Fredrick

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* ..... *Years,* Five *Months,* ..... *Days*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 51½ Raborg

*Cause of Death,* {First (Primary,) Cholera Infantum

Second (Immediate,)

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* August 12 1882

*Date of Burial,* Spring st Cem'y

*Undertaker,* William A Dugan

*Place of Business,* 62 East St

W. T. Ross M.D.

Medical Attendant.

*Address,* 205 N Howard

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 59181 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59181

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

*Date of Death,* Aug. 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry McCardle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and if how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 3 Years

*Place of Death,* {Give street and Number.} 20½ Neighbor St.

*Cause of Death,* First. (Primary,) Debility following excessive

Second, (Immediate,) use of Alcoholic drinks

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial* Cathedral cemetery

*Date of Burial,* August 14th 1882

*Undertaker,* James F. Byrne

*Place of Business,* No 63 S. Front St. *Address,* Cor Eden & Biddle Sts

E. B. Fenby M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 59182 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59182 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* August, 14 [redacted]

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Anastasi

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Tanner

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* Three month

*Place of Death,* {Give street and Number.} 60 President St

*Cause of Death,* First, (Primary,) July 22nd got three pieces of rocks, glass in his body. Which was removed aug 1st

Second, (Immediate,) Lock jaw

*Duration of Last Sickness,* Four days = I saw him the last day for first time

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* August 14 1882

*Undertaker,* James P Byrne

*Place of Business,* N° 63 N Front St

consulting Physicians. Dr Neale, Hanover Street

A Ergo Shertzer M. D.,

Medical Attendant.

Address, 11 S. Eight St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 59183 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59183 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Neale

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 2 Y 7 *Years,* *Months,* *Days.*

*Color,* Black

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Cty Md

*Duration of Residence in the City of Baltimore,* Two years

*Place of Death,* {Give street and number.} 2 Grimmell's Ct

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* Five Months

All the above information should be furnished by the Physician.

*Place of Burial,* W Pub Ce

*Date of Burial,* Aug 14

*Undertaker,* F A Kerchner

*Place of Business,*

Miles Hall M. D.
" "
Medical Attendant.

*Address,* Southern Dispensary
77 Hill St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 59184 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Foote

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days,*

*Color,* Colored

*Married, Single, Widowed, Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Calvert Co, 5 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 23 Dover St.

*Cause of Death,* First, (Primary,) Consumption of Lungs

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* W Pub Cem

*Date of Burial,* Aug 14

*Undertaker,* F A Kercher

*Place of Business,*

J. H. Hoffman M. D., Medical Attendant.

*Address,* 279 Lafayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 9185

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Walter

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Five months

*Place of Death,* {Give street and number} Union Protestant Infirmary

*Cause of Death* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Western cem

*Date of Burial,* aug 15

*Undertaker,* C H Blizzard

*Place of Business,* 178 Lemmon

L. Fawcett M. D.
Medical Attendant.

*Address,* 92 Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Permit No. 5986

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Michael

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 70 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 25 North Liberty st

*Cause of Death,* First, (Primary,) Deafness & the Gall duct & Intestines

Second, (Immediate,) Bowel Complaint & disorder of Stomach and Bowels

*Duration of last Sickness,* About 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* August 15th 1882

C. W. Frere M. D.

*Undertaker,* Debuy & Mitchell

*Place of Business,* 550 W Fayette St *Address,* 172 W Lexington st Baltimore

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 5918 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59187

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Breidenstein

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 82 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Ten years

*Place of Death,* {Give street and Number.} Hebrew Hospital

*Cause of Death,* First, (Primary,) Enlargement of the prostate & Catarrh of Bladder

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Six years

All the above Information should be furnished by the Physician.

*Place of Burial,* Ohab Shalom

*Date of Burial,* Aug. 14th 1882

*Undertaker,* Mrs. Eilau

*Place of Business,* 101 Gough St. *Address,* 88 N Eutaw Street

A Friedenwald M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59188

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT BALTIMORE AUG 14 1882

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Schultz

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 22 years

*Place of Death,* {Give street and number.} 169 S. Sharp St

*Cause of Death,* First, (Primary.) Albuminuria

Second, (Immediate.) Bronchs Pneumonia

*Duration of Last Sickness,* 14 da

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem'y

*Date of Burial,* Aug 15 1882

*Undertaker,* C. F. Krause

*Place of Business,* 209 Hanover

H. D. Wright M.D.,
Medical Attendant.

*Address,* Green & Mulberry 567

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5789 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 14, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret N. Parkhill

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 1 *Days,*

*Color,* White.

*~~Married,~~ Single, Widow ~~or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Septem

*Place of Death,* {Give street and Number.} 145 N. Calvert St

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Malnutrition

*Duration of Last Sickness,* 2 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Aug 15 1882

*Undertaker,* H M Fenhagen & Son

*Place of Business,* 9 & 11 Chas

J. W Hanck M. D., Medical Attendant.

*Address,* 5 E Balt. St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Board of Health, City of Baltimore,

Permit No. 59190

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 12 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Garnett

~~*Sex, Male or Female,*~~ { cross out the word not required in this line. } Male

*Age,* 36 *Years,* ____ *Months,* ____ *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. } Married

*Occupation,* Laborer

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number } 167 Longsdon St

*Cause of Death,* { First, (Primary,) Paralysis (Progressive)
Second, (Immediate,) "

*Duration of last Sickness,* About a year

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem. Troy

*Date of Burial,* Aug 15 1882

H. K. Fotterhoff M. D.
Medical Attendant.

*Undertaker,* H. N. Chase

*Place of Business,* 96 Howard St

*Address,* 202 W. Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 48]

Permit No. 5791 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elma Godwin

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* Sixteen *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ~~.....~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} No. 205 Orleans St.

*Cause of death,* First, (Primary,) Erysipelas

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 15th

*Undertaker,* J D Keating

*Place of Business,* 125 Orleans St

Wm H Clendinen M. D.,
Medical Attendant.

*Address,* No. 102 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 59192

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1892 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* 15 Aug 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Herzinger

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* —— *Years,* 4 *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* ——

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* ✓

*Place of Death,* {Give street and number} 62 N. Durham

*Cause of Death* {First, (Primary,) Variola

{Second, (Immediate,)

*Duration of last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Park

*Date of Burial,* Aug 15

*Undertaker,* Mr Kasler.

*Place of Business,*

Jno. P. Bale M. D.
Medical Attendant.

*Address,* 112 E. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 14th July 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minna Gestle

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* 14 *Days.*

*Color,* white

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} No 62 Milliman St.

*Cause of Death* First, (Primary,) dentitis difficilis

Second, (Immediate,) spasms

*Duration of last Sickness,* fourteen days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* August 15th 1882

Robt Gunther Jr, M. D.
Medical Attendant.

*Undertaker,* John Heaney

*Place of Business,* 382 Orleans St *Address,* 121 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39194 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

39194

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 15 1882 BALTIMORE

*Date of Death,* August 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Collins

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 7 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 5 S. Eutaw

*Cause of Death,* First, (Primary,) Pneumonitis

Second, (Immediate,) Spasms

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Somerset County

*Date of Burial,* August 15th 1882

*Undertaker,* John Kenney

*Place of Business,* 382 Orleans St

..... M. D.,
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 37170 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

39195

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 16. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Libbie H. Hafer

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 359 Madison Av

*Cause of death,* First, (Primary,) Chronic Gastritis (for 2 or 3 years

Second, (Immediate,) Acute attack Gastritis - & Paralysis Par. Vag.

*Duration of Last Sickness,* about 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Aug 16th 1882

*Undertaker,* W. H. Jenkins Sr.

*Place of Business,* No 75 N. Charles, *Address,* 188 Saratoga St

R. H. McFlue M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57196 *Office of Registrar of Vital Statistics.* Ward X

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

57196

HEALTH DEPARTMENT AUG 15 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Diphtheritic Camp. Aug. 14 " 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Jackson Batchelor.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 2 *Months,* 10 *Days,*

~~*Color,*~~ White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Single

*Occupation,* Nil

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 130 South Washington Street

*Cause of Death,* First, (Primary,) Diphtheritic Camp

Second, (Immediate,)

*Duration of Last Sickness,* 6 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem.

*Date of Burial,* Aug 16 1882

Alfred Whitehead M. D., Medical Attendant.

*Undertaker,* H. Sandersden

*Place of Business,* 252 Canton Ave. Address, 94 South Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Permit No. 5-9197

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 13-1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delia Simpson

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* One *Years,* Eight *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 23 Chappel St.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 23 N Chappel St.

*Cause of Death* First, (Primary,) Hereditary Syphilis

Second, (Immediate,) Marasmus & Epistaxis

*Duration of last Sickness,* 4th Only saw the patient once

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Mount Auburn~~ Laurel Cemetery

*Date of Burial,* August 14th 1882

*Undertaker,* J. Cooks

*Place of Business,* 73 E Jefferson *Address,* 220 N. Broadway

M. D.

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 59198

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. AUG 13 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* 12th Aug. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brandon

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 64 *Years,* 7 *Months,* 18 *Days.*

*Color,* Black

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Laborer on Market

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 1867

*Place of Death,* {Give street and number.} # 48 Wayne St

*Cause of Death,* First, (Primary.) Hepatic Dropsy

Second, (Immediate.) General debility

*Duration of Last Sickness,* Since 1st Apl. 1882

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem'y

*Date of Burial,* 14th Aug 1882

*Undertaker,* Jno H Perkins

*Place of Business,* 130 Hanover ~~Baltimore~~ *Address,* # 178 Pacca St

R. C. Smith M.D.,

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59199 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 14, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabel Jefferson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1. *Years,* 2 *Months,* 25 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 181 York St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Church St Cemetery

*Date of Burial,* 15th aug 82

*Undertaker,* Geo W Perkins

*Place of Business,* 130 Hanover St

Howard Otis M. D., Medical Attendant.

Address, 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 7200

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 15 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Foley

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* 7 *Months,* ..... *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 265 Hoffman st

*Cause of Death,* First, (Primary.) Relapse of Typhoid Fever

Second, (Immediate.) Meningitis

*Duration of Last Sickness,* 7 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug. 15th 1882

*Undertaker,* Wm. Thos. Cadogan

*Place of Business,* 237 Mulberry St.

Chas E Foster M.D.,
Medical Attendant.

*Address,* 765 Druid Hill Ave

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

**Permit No.** 59201 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 15 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Martha M. Poist.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 6 *Months,* 7 *Days.*

*Color,* *Sex,*

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* — —

*Place of Death,* {Give street and number.} 77 Arlington Ave.

*Cause of Death,* {First (Primary,) Meningitis / Second (Immediate,)

*Duration of Last Sickness,* About ten days

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem.

*Date of Burial,* Aug 16 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St. *Address* 243 N. Fremont St.

E. M. Price M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 5-9202 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 14th. 1882 —

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Moses —

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 2 1 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and Number.} St. Vincent's asylum —

*Cause of Death,* First, (Primary,) Marasmus.

Second, (Immediate,)

*Duration of Last Sickness,* Life —

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug. 15/82.

*Undertaker,* Pat. Hunt

*Place of Business,* Irwin & Townsend

R. H. Goldsmith M. D., Medical Attendant.

*Address,* Harlem av. Calhoun st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 39203 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Klaus

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* — *Months,* — *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany 1

*Duration of Residence in the City of Baltimore,* Abt 18 Years

*Place of Death,* {Give street and Number.} 196 Eastern Avenue

*Cause of Death,* First, (Primary,) 1 Heart Disease

Second, (Immediate,) 2

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemtry

*Date of Burial,* Augst 16th 1882

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Aisquith

C M Wahl M. D., Medical Attendant.

Coroner E D

*Address,* 67 [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59204 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August the 13th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Laragy

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single,~~ Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give street and Number.} cor of Bath and Front St

*Cause of Death,* First, (Primary,) old Age and Dropsy

Second, (Immediate,)

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* old Cathetral Burd

*Date of Burial,* Aug the 15

*Undertaker,* Mr Wedderfield

*Place of Business,* Greenmount av

Wm H Simms M. D.,

~~Medical Attendant~~

*Address,* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 9 7205 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1882 BALTIMORE.

39205

# CERTIFICATE OF DEATH.

*Date of Death,* Monday Evening Aug 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward C Lohman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* 8 *Months,* 15 *Days.*

*Color,* W

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} S

*Occupation,* Non

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Canton Maryland R Way

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 36 Hann's Alley

*Cause of death,* First, (Primary,) Dentation

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* Six Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* 16 August 1882

*Undertaker,* John L. Stuck

*Place of Business,* 165 Aliceanna St *Address,* 280 Donnell St

J E Prichard M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5720 6 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59206

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 15 1882 BALTIMORE

*Date of Death,* Aug 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Gousson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* about 35 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Seaman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Sweden

*Duration of Residence in the City of Baltimore,* 2 Years

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,) Fibroid Phthisis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Year and a half

All the above information furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Aug 13/82

*Undertaker,* Fred A Kirchner

*Place of Business,* 50 S Caroline

F W Catt M. D.,
Medical Attendant.

Address, University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department of Baltimore, City of Baltimore.

Permit No. 5920 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorota Muller

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt: City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} H 490 Canton Av.

*Cause of death,* First, (Primary,) Debilitas

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* Aug 15

*Undertaker,* John Herbert

*Place of Business,* [redacted] Orleans St

G O Underwood M. D.,
Medical Attendant.

*Address,* 128 E Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 59208

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 15 1902 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 14, 02

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Weisskopf

~~Sex, Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 42 *Years,* 4 *Months,* ——— *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give street and number} 35 E Lombard

*Cause of Death* First, (Primary.) Carcinoma medullare

Second, (Immediate.) Lues Lupi and groin

*Duration of last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* Fell Point Cemetery

*Date of Burial,* August 16

*Undertaker,* W. Eilau

*Place of Business,* 101 Gough st

H Fullerton M. D.
Medical Attendant.

*Address,* 137 W Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

11

# Board of Health, City of Baltimore,

Permit No. D 9209

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. BALTIMORE MD. 1882

## CERTIFICATE OF DEATH.

*Date of Death,* 15th August 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mc Kernan.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 hours *Years,* ~~*Months,*~~ *Days.*

*Color,* White *Sex,* Female.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 361 N. Howard St.

*Duration of Residence in the City of Baltimore,* Do.

*Place of Death,* {Give street and number.}

*Cause of Death,* First (Primary,) Unknown.

Second (Immediate,)

*Duration of Last Sickness,* 2 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* August 15th

Geo. J. Collins M. D.
Medical Attendant.

*Undertaker,* Chas F Scriven

*Place of Business,* 271 Eutaw St Address 80 N. John St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 5 7210 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

59210

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Griffin

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 31 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give street and number.} 217 Aisquith St

*Caus of death,* First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of Last Sickness,* About one year

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* August 16th

*Undertaker,* Chas T Lennon

*Place of Business,* 271 N Eutaw St

Wm Wilhelm M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 39211 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* 14th August 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Hawkins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* *Months,* *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} (Ireland)

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Asylum of the Little Sisters of the Poor Cor John and Valley Sts

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Enteritis

*Duration of Last Sickness,* two months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cheatham

*Date of Burial,* August 15/1882

*Undertaker,* Wm La Hickman

*Place of Business,* 1234 Jay

Jno Foster Fyfe M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57212 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59212

# CERTIFICATE OF DEATH.

AUG 15 1882 BALTIMORE

*Date of Death,* Aug. 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Dorsey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 214 Thompson St

*Cause of Death,* First, (Primary,) Hepatitis

Second, (Immediate,)

*Duration of Last Sickness,* 14 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* August 16. 1882

*Undertaker,* Wm H. Nuckman

*Place of Business,* 1234 Jay

E. B. Fenby M. D.,
Medical Attendant.

Address, Cor. Eden & Biddle Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 2785 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59213

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 14th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Brown

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days,*

*Color,* Black

*Married, ~~Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Farmer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bush Ann County Md

*Duration of Residence in the City of Baltimore,* 8 days

*Place of Death,* {Give street and Number.} 104 N Register St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption

*Duration of Last Sickness,* since last Fall

All the above information should be furnished by the Physician.

*Place of Burial,* Bush Ann County

*Date of Burial,*

*Undertaker,* Mrs Lauck,

*Place of Business,*

Geo. H. Dorsey M. D.,

~~Medical Attendant~~

*Address,* Cor. of Gilmor

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 39214 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 14. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Bayerlein

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 43 *Years,* 11 *Months,* 6 *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~* {Cross out the word not required in this line.} Married

*Occupation,* Engineer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* unknown

*Place of Death,* {Give street and Number.} 82 Leadenhall St

*Cause of Death,* First, (Primary,) Apoplexy of heart

Second, (Immediate,)

*Duration of Last Sickness,* one hour

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Aug 16

*Undertaker,* Henry Briele

*Place of Business,* Henrietta St 81

I. M. Grabow M. D.,
Medical Attendant.

*Address,* 98 Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* aug 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Burkert

1

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 10 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 216 N. Eden st

*Cause of Death* { First, (Primary,) Smallpox
Second, (Immediate,) Congestion of the lungs

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Myers Cemetery

*Date of Burial,* Aug 16

*Undertaker,* Ivy & Bro

*Place of Business,* 511 N Broadway

Wm N. Hill M. D.
Medical Attendant.

*Address,* 196 E. Baltimore st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# / Board of Health, City of Baltimore,

Permit No. 59216

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 15th August 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johan Smith

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 1 *Years,* 11 *Months,* ..... *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*~~Occupation~~,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balt. Md.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* { Give street and number } No 10. Pleasant St

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) feb. malaria.

*Duration of last Sickness,* six days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Paulus Cemetery

*Date of Burial,* Aug 16th 1882

Rob. Anthon M. D.
Medical Attendant.

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave *Address,* 121 N. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 59217 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 15th 4 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* one *Years,* five *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt: City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} W. 163 S. Eden pl

*Cause of death,* First, (Primary,) Spina Bifa

Second, (Immediate,)

*Duration of Last Sickness,* five days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug 17 16th

*Undertaker,* A B Lewis

*Place of Business,* No 35 Bond St, *Address,* 12 S. Eden

R O Wiseman M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further ordained and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59218 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59218 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 16th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Eyerly Eyerly

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 1 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } No 182 S Eden

*Cause of Death,* First, (Primary,) Spasms

Second, (Immediate,)

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* St Pauls Cemetery

*Date of Burial,* Aug 17th 1882

*Undertaker,* L. Ritz

*Place of Business,* 129½ S. Broadway *Address,*

M. D.,

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when his case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 57219 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

57219 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 15 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 15 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Green

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* 3 *Days,*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and Number.} 202 Orleans St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* August 16th 1882

*Undertaker,* Leonhard Kelz

*Place of Business,* 127½ S. Broad

A Steptenkuhl M. D.,
Medical Attendant.

Address, 11 S. Hyde St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 59220

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 15 July 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Buttner

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ——— *Years,* 11 *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* X

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 57 Pinna. Avenue

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* August 17th

Louis N. Knight M. D.
Medical Attendant.

*Undertaker,* Walter Emmert

*Place of Business,* 345 W Biddle *Address,* 112 N. Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 57221 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1882 BALTIMORE

59221

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 15 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Kirsch

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 77 *Years,* — *Months,* — *Days,*

*Color,* Wht

~~Married, Single, Widow or~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 49 years

*Place of Death,* {Give street and Number.} 122 Granby St

*Cause of Death,* First, (Primary,) old age

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore cemetery

*Date of Burial,* Aug 17th 1882

*Undertaker,* Wm H. Cook

*Place of Business* No 707 W Baltimore Street

F Mathes M. D.,
~~Medical Attendant.~~

*Address,* 245 S. Bethesda

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 21222 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

59222

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE

*Date of Death,* Aug 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kyne

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* — *Months,* — *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 32 years —

*Place of Death,* {Give street and Number.} 106. Ridgley

*Cause of Death,* First, (Primary,) Cancer of the Breast

Second, (Immediate,)

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Elkridge Landing

*Date of Burial,* Aug 18th

*Undertaker,* Jos. B. Cook

*Place of Business,* 707. W Baltimore street *Address,*

Edw. F. Michrlenz M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

11

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT CITY AUG 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 14 Aug 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Crateby

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 11 *Days.*

*Color,* White *Sex,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* none

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 11 days

*Place of Death,* {Give street and number.} 107 Park st

*Cause of Death,* First (Primary,) Cholera Infantum.

Second (Immediate,) +

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem.

*Date of Burial,* August 16th 1882

*Undertaker,* Andrews & Hodges

*Place of Business,* No 416 Druid Hill Ave

A Atkinson M. D.
Medical Attendant.

*Address* 119 N Charles st

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 59224 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59224

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 17 1882 BALTIMORE

*Date of Death,* Aug 16th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Somers

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ——— *Years,* One *Months,* 25 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 24 Hanover St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Aug 17th 1882

*Undertaker,* John L Backer

*Place of Business,* No 187 Canton

Chas S Blake M. D., Medical Attendant.

*Address,* 168 S Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Permit No. 37225 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 14th August 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simm Owens

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Canmaker.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 225 S. Howard

*Cause of death,* First, (Primary,) Diptheria

Second, (Immediate,)

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 18 1882

*Undertaker,* B W Chase

*Place of Business,* 198 Howard St

H. W. Nebley, M. D.,
Medical Attendant.

*Address,* 57 Bank

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

7

# Board of Health, City of Baltimore,

*Permit No.* 59226

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG. 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 15, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie R. Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Sixteen *Years,* *Months,* *Days.*

*Color,* Colored *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Waitress

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number.} 8 Hamilton St

*Cause of Death,* First (Primary,) Acute Tuberculosis

Second (Immediate,)

*Duration of Last Sickness,* Since July 6/82

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Augt 16 1882

W. H. Thompson M. D.
Medical Attendant.

*Undertaker,* L. H. Chase

*Place of Business,* 198 Howard St *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 59227 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59227

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C Mitchell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* One *Months,* 7 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 213 Rubsy

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Marasmus

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Jewish Cemetery

*Date of Burial,* Aug 16 1882

*Undertaker,* William Murray

*Place of Business,* No 62 E Baltimore St

L M Eastman M. D., Medical Attendant.

*Address,* Lexington & Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Permit No. [illegible] *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

59228

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 16

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Bowen

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 7 *Months,* ..... *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 3 Amyett

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Enteritis

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 16

*Undertaker,* W N Dwyer

*Place of Business,* .....

Geo. W. Dixon M. D.,

~~Medical Attendant.~~

*Address,* Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 59227 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59229

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE

*Date of Death,* Aug 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister Mary Agnes Doran

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Sister of the Good Shepherd

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give Street and Number.} House of the Good Shepherd

*Cause of Death,* First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

*Duration of Last Sickness,* 16 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sisters private Cemetery Cor Mount & Hollins

*Date of Burial,* Aug 17th 1882

*Undertaker,* J. B. Cook Successor to Coffin

*Place of Business,* 707 W. Balto — *Address,* 283 W. Lombard

Edwd. F. McSherry M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 59230 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59230

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 15th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Moore

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 10 *Months,* ..... *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 122 So. Durham

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 2 Mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Dallis st Cemetery

*Date of Burial.* Aug 16) 92

*Undertaker,* Theo J. Lochs

*Place of Business.* 93. Jefferson St.

D. L. Williams M. D., Medical Attendant.

*Address,* 711 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 59231 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59231 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1882

# CERTIFICATE OF DEATH.

*Date of Death,* 14th August. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Bergmann

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Seventeen 17 *Years,* *Months,* *Days,*

*Color,* White.

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Child or School.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and Number.} No 45. Clay Street Baltimore.

*Cause of Death,* First, (Primary,) Myelitis.

Second, (Immediate,) Paralysis. and Bed-Sores.

*Duration of Last Sickness,* About Seventy four days.

All the above Information should be furnished by the Physician.

*Place of Burial,* St. alphonsus

*Date of Burial,* August 17

*Undertaker,* J Kinnaird

*Place of Business,* 32 North Liberty St.

W C van Bibber M. D.,
Medical Attendant.

*Address,* 147 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57283 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard McKenna

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days,*

*Color,* Whi-

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give street and Number.} Holiday Mark

*Cause of Death,* First, (Primary,) Cirrhosis of Liver

Second, (Immediate,) Dropsy Hemorrhage

*Duration of Last Sickness,* 12 months

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Holy~~ Cypress

*Date of Burial,* August 15th

*Undertaker,* Jas A Byrne

*Place of Business,* 63 ~~Holiday~~ Exchange Place

Geo A. Reynolds M. D., Medical Attendant

Address, Emmitsburg

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 3923 *Office of Registrar of Vital Statistics.* Ward 25/3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael P. Ward

*Sex, Male or* [redacted] {Cross out the word not required in this line.}

*Age,* 30 *Years,* ... *Months,* ... *Days,*

*Color,* White

[redacted] *Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and Number.} No. 5 Tobacco Warehouse

*Cause of Death,* {First, (Primary,) ... Second, (Immediate,) Fracture of base of cranium

*Duration of Last Sickness,* 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral ~~Old Cathedral~~

*Date of Burial,* Aug 17th

*Undertaker,* Wm Shaeffer

*Place of Business,*

J. H. Hoffman M. D., Medical Attendant.

*Address,* 279 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59234 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 14/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } C. W. Ehlman

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 35 *Years,* ..... *Months,* ..... *Days,*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Driver

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Cumberland Md.

*Duration of Residence in the City of Baltimore,* 30 yrs.

*Place of Death,* { Give street and Number. } 413 East av.

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of Last Sickness,* 18 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* Aug 16 " 82

*Undertaker,* G. France

*Place of Business,* Barnes & Wolf *Address,* 117 S. Broadway

R. W. Mansfield M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Permit No. 37235 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Engel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md all her life.

*Duration of Residence in the City of Baltimore,* 165 E. Washington St

*Place of Death,* {Give street and Number.}

*Cause of Death,* First, (Primary,) Consumption of both lungs —

Second, (Immediate,) do — Hemorrhage etc.

*Duration of Last Sickness,* about 1 year —

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial.* Aug. 17 1882

G. D. Dohmen M. D., Medical Attendant.

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe *Address,* S. E. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Permit No. 79236

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT
AUG 16 1882
BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 16 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edla Bradley

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ..... *Years,* ..... 10 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and number.} 11. Portugal Alley

*Cause of Death,* First, (Primary.) confluent variola

Second, (Immediate.)

*Duration of Last Sickness,* 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* Aug 16 th 82

*Undertaker,* G. France

*Place of Business,* Bantz & Wolfe *Address,* 3. N. B. way

J. G. Jones, M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 9728 / *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE

5 9237

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 15. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Marie Baird

*Sex,* ~~Male~~ *or Female,* { Cross out the word not required in this line. }

*Age,* 1 *Years,* 9 *Months,* 2 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } 99 Fairmount Ave

*Cause of Death,* First, (Primary,) ~~Cholera~~ Cholera Infantum

Second, (Immediate,) Meningitis

*Duration of Last Sickness,* 1 One month

All the above Information should be furnished by the Physician.

*Place of Burial* Mt. Carmel Cem.

*Date of Burial,* Aug. 17, 1882

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

G. Glanville Lucas M. D., Medical Attendant.

*Address,* Balt. & Wash. Co.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59238 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kelley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* 11 *Months,* 24 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co. Md.

*Duration of Residence in the City of Baltimore,* Always

*Place of Death,* {Give street and Number.} Basin, Light St. Wharf, Pet. Pier 1 & 2

*Cause of Death,* First, (Primary,) Accidental drowning

Second, (Immediate,) "

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Augt 17th 1882

*Undertaker,* Henry F. Mears

*Place of Business,* 145 N. Gay St.

E. A. Bell M. D.,
Medical Attendant.

Address, 164 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59239 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59239

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE

*Date of Death,* August 16

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis Neal

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 29 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } Inf Hosp, Mich Ave & Biddle St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Dysentery

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 16th

*Undertaker,* J McGinn & Co

*Place of Business,* 143 Broadway

Edward Tinsley M. D., Medical Attendant.

*Address,* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 59240 *Office of Registrar of Vital Statistics.* Ward ~~7~~ 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Elise Schneider 15 August 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.}

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 55 *Years,* — *Months,* — *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} widow

*Occupation,* housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Switz. - Hanover

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give street and number.} S.E. cor High & Fawn Sts.

*Cause of death,* First, (Primary,) Dysentery

Second, (Immediate,) Weakness

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 17 August 1882

*Undertaker,* Julius Hauk

*Place of Business,* 240 E Baltimore St., *Address,* 224 West Fayette St.

A. J. Reinhard M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. C-924

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 15 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Berlie Rosetta Savoy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, Six Months, Thirteen Days.

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} Rear of 179 E. Mulliken St

*Cause of Death,* First, (Primary.) Enteritis

Second, (Immediate.) Exanition

*Duration of Last Sickness,* Ten Days

All the above information should be furnished by the Physician.

*Place of Burial,* Pub Cem

*Date of Burial,* Aug 16

*Undertaker,* McAleman

*Place of Business,*

C. S. Carter M.D.,

Medical Attendant.

*Address,* 208 N. Bond

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 39242 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1882 BALTIMORE.

# CERTIFICATE OF DEATH

*Date of Death,* August 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Maxwell

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* 44 *Years,* — *Months,* — *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 2 S Patterson Park Avenue

*Cause of Death,* First, (Primary,) Heart Disease (Supposed)

Second, (Immediate,) Sudden Death

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemy

*Date of Burial,* August 17 1882

*Undertaker,* Robert F Byrd

*Place of Business,* 59 n Liberty *Address,* 47 Eutaw St

Chas Hoffe M. D., Medical Attendant.

Coroner's Office

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 59243 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 16 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 15 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carl Johnson

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* — *Years,* one *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ~~~~~

*Occupation,* ~~~~~

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Boots

*Duration of Residence in the City of Baltimore,* Sixteen

*Place of Death,* { Give street and number. } 7 Bruce St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* Aug 16 1882

*Undertaker,* William N Sange

*Place of Business,* No 62 East Pratt Street

J A Simms *M.D.,*

Medical Attendant.

*Address,* 41 N Caroline St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5-92444

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 17 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 15 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Garner

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Teacher

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} A. A. Co. Md

*Duration of Residence in the City of Baltimore,* 5 Years

*Place of Death,* {Give street and number.} 48 Bolton St

*Cause of Death,* First (Primary,) Phthisis

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 18 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Fair Haven A.A.Co / Herbert Harlan M. D.

Medical Attendant.

*Date of Burial,* August 17th

*Undertaker,* Chas T Scriven *Address* 246 Madison Ave.

*Place of Business,* 271 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 59245 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John O'Neill

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* *Years,* 11 *Months,* 8 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 257 S. Broadway

*Cause of Death,* First, (Primary,) Dentition

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 3 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug 17th

*Undertaker,* M. Clarke & Son

*Place of Business,* 92 E. Pratt

James F. Bland M. D., Medical Attendant.

*Address,* 61 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# 17 Board of Health, City of Baltimore,

Permit No. 17246

OFFICE OF REGISTRAR OF VITAL STATISTICS.

ALL DEPARTMENTS AUG 15 1892 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 5.15 PM. Aug 15

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Draney

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Puddler

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 49 Cookson St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Apoplexy

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carey

*Date of Burial,* August 17

*Undertaker,* B. Hall

*Place of Business,* 82 West St,

L R. Lewis *M. D.*
Medical Attendant.

*Address,* 118 Leadenhall St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 11447 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 16 17 1882 BALTIMORE.

59247

# CERTIFICATE OF DEATH.

*Date of Death,* August 15th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Stanworth

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 11 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 92 Russell St

*Cause of death,* First, (Primary,)

Second, (Immediate,) Acute Meningitis

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 16

*Undertaker,* B. Hasle

*Place of Business,* 82 West St

I. C. Burch M. D.,

Medical Attendant.

*Address,* 151 Stanworth

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 59248 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

59248

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 16th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas Meyers

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 33 *Years,* ..... *Months,* ..... *Days.*

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* { Give street and Number. } West 316 Pratt St

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) Paralysis

*Duration of Last Sickness,* 7 week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 17

*Undertaker,* B. Hartig

*Place of Business,* 82 West St

Jno L Hall M. D., Medical Attendant.

*Address,* 168 Lee

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

552 49

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 17 1882 BALTIMORE

*Date of Death,* Aug. 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Blanche Tolle

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* one *Months,* 12 *Days.*

*Color,* white

~~Married~~ *Single,* ~~Widow or Widower~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give street and Number.} 188 Townsend St.

*Cause of Death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,) Marasmus.

*Duration of Last Sickness,* Five weeks.

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cemetery

*Date of Burial,* Aug. 17/82

*Undertaker,* Meath & Shields

*Place of Business,* 60 N. Carrollton ave

A. F. Eich M.D.,
Medical Attendant.

*Address,* 95 Park Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 57250 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 17 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 16. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matta H Coakley

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* — *Months,* 19 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } 42 Warren Ave

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Inanition &c.

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* Aug 17th 1882

*Undertaker,* Armstrong & Dem

*Place of Business,* 263 Eighth

Theodore Cook M. D., Medical Attendant.

*Address,* 146 Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 59251 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1882 BALTIMORE

*Date of Death,* August 16, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brickard

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* *Months,* *Days,*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and Number.} 203 Lanvale St

*Cause of Death,* First, (Primary,) Old Age

Second, (Immediate,) Cancer of face

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Manchester Carroll Co Md

*Date of Burial,* Aug 18th

*Undertaker,* F. N. Ford

*Place of Business* 131 Hanover St *Address,* 95 E. Baltimore St

D. W. Houck M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 39252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 16th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Handy

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* One *Years,* One *Months,* Fourteen *Days.*

*Color,* black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 146 South Charles st

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) Convulsions

*Duration of last Sickness,* Several months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 17

*Undertaker,* H Ross

*Place of Business,* 95 Conway st

W. C. Sandrock M. D.
Medical Attendant.

*Address,* 227 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 59233

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

59253

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 17 1892 BALTIMORE

*Date of Death,* Aug 16 th 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Engel

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* *Years,* 2 / *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto — 2

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and number. } 226 Harford Ave

*Cause of Death,* First, (Primary.) Catarrhal Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug no 2 18 1892

Wm B. Billingslea M.D.,
Medical Attendant.

*Undertaker,* Henry Stocksdon

*Place of Business,* 30 g. N. Central *Address,* 256 E Baltimore

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 39234 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 16 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wales -

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* .... 10 *Months,* ..... *Days,*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

*Duration of Residence in the City of Baltimore,* 7 months

*Place of Death,* {Give street and Number.} 2 S. Parish Ct

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum 3 months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cem.

*Date of Burial,* Aug 17 1882

*Undertaker,* J. B. Cook

*Place of Business,* 709 W Balto St

Alexander Tunley M. D.,
Medical Attendant.

*Address,* Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 59255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 17 1882 BALTIMORE

# CERTIFICATE OF DEATH.

Date of Death, August 15 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E Burch

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 58 Years, 3 Mos Months, 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 17 Yrs

Place of Death, {Give street and number} 697 W Baltimore St

Cause of Death, First, (Primary,) Phthysis Pul

Second, (Immediate,) Asphyxia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Aug 18 1882

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Wm B Tuttle M. D.
Medical Attendant.

Address, N E Cor Green & Mulberry

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# 6 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 39256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 15-1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Hoffmann

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 5 years *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Nightcadtown Balto Co md

*Duration of Residence in the City of Baltimore,* One Month

*Place of Death,* {Give street and number} Bel Air Ave near Federal St

*Cause of Death* {First, (Primary,) Diphtheria
{Second, (Immediate,) Four Days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Md Carmel Cemetery

*Date of Burial,* Aug 17th 1882

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave

L Russell Martenet M. D.
Medical Attendant.

*Address,* Belt Ave near Washington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39257 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 16 '82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Kreuzberg

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* ..... *Months,* ..... *Days,*

*Color,* Wh.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Hous. work

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 18 y

*Place of Death,* {Give street and Number.} 22 W. Lombard

*Cause of Death,* First, (Primary.) Variola vera

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 17 1882

*Undertaker,* John Keenan's

*Place of Business,* 352 Orleans St. *Address,* 2455 E. Monument

J. Guthrie M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 59258 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 16. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Keenan

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 9 *Years,* 5 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 381 E. Pratt St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Ballo Cemetery

*Date of Burial,* Aug 18th 1882

*Undertaker,* H. C. Sanders & Son

*Place of Business,* 252 Caroline St *Address,*

J. W. Houck, M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Bal

Permit No. 5925 / *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 17 1882 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* August 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Dr. Edward J. Chaisty

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 68 *Years,* 7 *Months,* — *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Physician

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 58 Mulberry St

*Cause of Death,* First, (Primary.) Inflammation of Stomach

Second, (Immediate.)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cem

*Date of Burial,* 18th August 1882

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 75 N. Charles

J. H. Buckler M. D.,

Medical Attendant.

Address, 144 Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 5-9260 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 16th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm A. Smith

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 14 *Years,* 6 *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Virginia

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* { Give street and Number. } No 1 Forest St

*Cause of Death,* First, (Primary,) Small Pox

Second, (Immediate,) .....

*Duration of Last Sickness,* 12 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 17

*Undertaker,* W H Dunger

*Place of Business,* .....

Geo. H. Preston M. D.,

~~Medical Attendant.~~

Address, Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Thos. Greenbrook Jno. Fitzpatrick

OVER.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5726 / *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 2.15 o'clock PM Aug 16 Wednesday

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Cornelias Hansen

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* 7 *Months,* *Days.*

*Color,* Colored (black)

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.} Single

*Occupation,* Non

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

*Duration of Residence in the City of Baltimore,* one year

*Place of Death,* {Give street and number.} 20 Binney St

*Cause of death,* First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 10 day

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* Aug 17 1882

*Undertaker,* William Lunger

*Place of Business,* No 62 East St

I E Prichard M. D.,
Medical Attendant.

*Address,* 28 O'Donnell St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59262 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Gaynade.

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days,*

*Color,* Black

*Married,* ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.}

*Occupation,* House-maid.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* 47 years.

*Place of Death,* {Give street and Number.} #1 Ivy Alley.

*Cause of Death,* First, (Primary.) Asthenia.

Second, (Immediate,) Phthisis pulmonalis.

*Duration of Last Sickness,* 3 years.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* Aug 18 1882

*Undertaker,* S. Wheeler

*Place of Business* 193 Howard St

James T. Bryan M. D.,
Medical Attendant.

*Address,* #110 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5726 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Katie Ritter — Aug 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Ritter

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 10 *Months,* ..... 28 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Prussia

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 29 Druid Hill av

*Cause of death,* First, (Primary,)

Second, (Immediate,) Entero Colitis — about 6 weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cemetery

*Date of Burial,* August 18th 1882

*Undertaker,* Andrews & Hodges

*Place of Business,* No 46 Druid Hill Ave

R. Winslow M. D.,
Medical Attendant.

*Address,* 201 W. Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5926[illegible] *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 16 1892

*Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emeline Hoffman

~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

62 *Years,* 3 *Months,* 26 *Days,*

White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Widow

*Occupation,*

*Place,* {State or country, and how long in the United States, if of foreign birth.} Washington D C

*Ward or Place of Residence in the City of Baltimore,* 6 Clay near

*Place of Death,* {Give street and Number.} 20 ft, Penn Ave

*Cause of Death,* First, (Primary,) Cancer of Uterus

Second, (Immediate,) " "

*Duration of Last Sickness,* about 3 months

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park

*Date of Burial.* Aug 18

*Undertaker,* Lott Sherord

*Place of Business,* 198 Pratt

J. C. Hammer M. D.,
Medical Attendant.

*Address,* 231 N. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

*Permit No.* 59265

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Commings

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 82 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Fort City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} 504 Pennsylvania Avenue

*Cause of Death* First, (Primary,) Old age

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Aug 18

*Undertaker,* Wm Biggood

*Place of Business,* 198 Pa a

Mantury Brewer M. D.
Medical Attendant.

*Address,* 68 McCulloh St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 59266 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 17 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Dooner

*Sex, Male* ~~or Female~~ { Cross out the word not required in this line. }

*Age,* 64 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 42 years.

*Place of Death,* { Give street and Number. } 185 N. Eutaw St.

*Cause of Death,* First, (Primary,) Softening of left lung.

Second, (Immediate,) Hemorrhage Pulmonary.

*Duration of Last Sickness,* 7 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial* New Cathedral

*Date of Burial,* Aug 19

*Undertaker,* Jas P Byrne

*Place of Business,* 632 Aisquith St. *Address,* 7 Augusta St.

Edward P. McDevitt M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 57267 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 16 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} F. Michael Delany

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 17 *Years,* — *Months,* — *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Moulder

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* 6 yrs

*Place of Death,* {Give street and Number.} 2 Eastern Ave

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 4 wks

All the above information should be furnished by the Physician.

*Place of Burial,* St Mary's Balt Co

*Date of Burial,* August 17, 1882

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front St

D. Sheen M. D.,
Medical Attendant.

*Address,* 148 N. Exeter

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Sheet.

# Board of Health, City of Baltimore,

Permit No. 59268 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Baldwin

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days,*

*Color,* B

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Charles Co Maryland

*Duration of Residence in the City of Baltimore,* four months

*Place of Death,* {Give street and Number.} 59 Dyer et

*Cause of Death,* First, (Primary,) Not Known

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* two days

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* August 17th 82

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard st

William Lee M. D.
Medical Attendant.

*Address,* Fort Wilmerick

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Pay Special Attention of Physicians is Respectfully Invited to the Remarks Below. And to List of Diseases on Back.

# Board of Health, City of Baltimore.

Permit No. 57269 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Neuman

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Female~~

*Age,* ..... *Years,* 12 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} No 298 Hamburg

*Cause of death,* First, (Primary,) Pneumonia

Second, (Immediate,) .....

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Aug 17th 82

*Undertaker,* Jas. C. B. Clark

*Place of Business,* 85 Hanover St

J. C. Burch M. D.,
Medical Attendant.

*Address,* 151 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

# Board of Health, City of Baltimore,

Permit No. 5 9270 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

3

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 17 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wells, W. O'Polls,

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* ... *Months,* ... *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Brakesman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Martinsburg Va,

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give street and Number.} Infirmary. Cr Penn & Lexington.

*Cause of Death,* First, (Primary,) ...

Second, (Immediate,) Injuri- R. R accident. B&O.

*Duration of Last Sickness,* Hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Pa,

*Date of Burial,* Augt 18th 1882

*Undertaker,* John L Hanchin

*Place of Business,* No 150 Lombard

Alexander Tinsley M. D.,
~~Medical Attendant~~
Coroner

*Address,* ...

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

# Board of Health, City of Baltimore,

Permit No. 07271 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 17. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos Brown

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* ..... *Months,* ..... *Days,*

*Color,* Col.

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* { Give street and Number. } 64 N. Duke ave

*Cause of Death,* First, (Primary,) Morbus Brightii

Second, (Immediate,) Anasarca

*Duration of Last Sickness,* Ring Worm

All the above information should be furnished by the Physician.

*Place of Burial,* Fawn Cemetery

*Date of Burial,* Aug 17th 1882

*Undertaker,* E. L. Locke

*Place of Business,* 13 S. Howard St

G. G. Rauch M. D.,
Medical Attendant.

*Address,* Balt. & Paul.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore, 1882

Permit No. 59272 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August the 16

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delaware E. Pendleton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 6 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 230 West St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Exhaustion Asthenia

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mt Cem

*Date of Burial,* Aug 18

*Undertaker,* H Ross

*Place of Business,*

Geo. W. Gibson M. D.

Medical Attendant.

*Address,* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furni within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting for as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, a the cause and date of death, except in cases of births and deaths of illegitimate children. [OVE

20

# Board of Health, City of Baltimore,

*Permit No.* 59273

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Mary M. O'Neill,

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* white, *Sex,* F.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Wexford Co. Ire

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number.} 276 Myrtle Ave,

*Cause of Death,* {First (Primary,) × Malarial Fever,
Second (Immediate,) Congestive Chill,

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* August 18th 1882

J. L. Ryle M. D.
Medical Attendant.

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw St

*Address* 247 Lanvale St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

× This diagnosis was made, I am told, by the family physician of the city - Patient moribund when

No. 7214

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 13 Board of Health, City of Baltimore,

Permit No. 57274

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 17, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. A. Tubman.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 4 *Months,* 20 *Days.*

*Color,* Mulatto.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* 4 mos. 20 days.

*Place of Death,* {Give street and number} 3 Dolson's Court.

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate,) Collapse.

*Duration of last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mary's Cemetery

*Date of Burial,* August 18

*Undertaker,* H ROSS

*Place of Business,* 95 Lombard St.

A. G. Wall M. D.
Medical Attendant.

*Address,* 106 Columbia Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 59275

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. AUG 13 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth McElwee

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 11 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} Cor East & Elwott

*Cause of Death,* First, (Primary.) Burn

Second, (Immediate.) Shock

*Duration of Last Sickness,* [redacted] hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* Aug 13th 92

*Undertaker,* C. Franco

*Place of Business,* Bank & Wolfe *Address,* 53 Elwott St

E. D. Williams M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 5927

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 19 Board of Health, City of Baltimore,

Permit No. 59279

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt. 17 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* ____ *Months,* 2 *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 57 Whatcoat

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 57 Whatcoat

*Cause of Death,* First, (Primary.) Premature Birth

Second, (Immediate.)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* August 18 1882

G. W. Sams M. D.
Medical Attendant.

*Undertaker,* Daniel Yelyan

*Place of Business,* 109 West St

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

Permit No. 39277

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 17 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ryan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 8 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 54 Cheapside

*Cause of Death,* First, (Primary.) Diptheria

Second, (Immediate.)

*Duration of Last Sickness,* 2 da

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug 18

*Undertaker,* Mc Coleman.

*Place of Business,*

C J Williams *M.D.,*
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9278 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Dayhuff

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 47 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and Number.} 174 Fair Mount Avenue

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

*Duration of Last Sickness,* 12 weeks

All the above Information should be furnished by the Physician.

*Place of Burial* August 18th 1882

*Date of Burial,* St Patricks Cemetery

*Undertaker,* M A Saiss

*Place of Business,* 74 S Bway *Address,* 375 E. Balto. St.

E. J. Shorb M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

15

# Board of Health, City of Baltimore,

Permit No. 59279

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 16 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert M Della

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 18 *Years,* 2 *Months,* — *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Mechanic

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 74 Hanover Av

*Cause of Death,* First, (Primary.) Dy-Dys Malarial

Second, (Immediate.) Fever

*Duration of Last Sickness,* 14 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mont Olivet

*Date of Burial,* Aug 18 1882

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light

E B Stokes M.D.,
Medical Attendant.

*Address,* 50 Hanover Av

Burial

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57280 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marie Frampton

*Sex,* ~~Male~~ *or Female,* { Cross out the word not required in this line. }

*Age,* 23 *Years,* — *Months,* — *Days.*

*Color,* White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, { Cross out the word not required in this line. } /

*Occupation,* Seamstress

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 126 Bank st Depot

*Cause of Death,* First, (Primary,) Malaria & Prostration of Nerves

Second, (Immediate,) Typhoid Fever

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Int Council

*Date of Burial,* Aug 18

*Undertaker,* Fry & Son

*Place of Business,* 512 Broadway

J. H. Martin M. D.,
Medical Attendant.

*Address,* Canton nr Hudson

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59281 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ..... Aug 16. 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ..... Isaac Barnes

*Sex, Male or Female,* {Cross out the word not required in this line.} .....

*Age,* ..... 65 *Years,* ..... *Months,* ..... *Days.*

*Color,* ..... Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} .....

*Occupation,* ..... Hustler

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} ..... Harford Co. Md.

*Duration of Residence in the City of Baltimore,* ..... 10 yrs

*Place of Death,* {Give street and number.} ..... 14 Stockton al

*Cause of death,* First, (Primary,) ..... Hypertrophy of the Heart

Second, (Immediate,) ..... Syncope

*Duration of Last Sickness,* ..... 2 yrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 18 1892

*Undertaker,* W. H. Hemsley

*Place of Business* 1100 Orchard St *Address,* 215 N. Carrol

..... *M. D.,*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 37282 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 18, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Mann

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 12 *Months,* 22 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 119 N. Washington St.

*Cause of death,* First, (Primary,) Variola

Second, (Immediate,)

*Duration of Last Sickness,* not positively ascertained

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* August 18 1882

*Undertaker,* John Kenney

*Place of Business,* 382 Orleans St

J. C. Lollenberg, M. D.,
Medical Attendant.

*Address,* 369 E. Baltimore St.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9

# Board of Health, City of Baltimore,

Permit No. 59283

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Young

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* Col

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give street and number.} 13 Dulaney Alley

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate.) (Has not been under for some time)

*Duration of Last Sickness,* Some months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 17. 1882

*Undertaker,* William H. Dunger

*Place of Business,* 62 East St

W W Anthony M.D.,
Medical Attendant.

*Address,* 172 Franklin

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59284 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 16 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Bell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* *Months,* *Days,* 1

*Color,* Black

~~*Married,*~~ *Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 8 Years

*Place of Death,* {Give street and Number.} 212 Hughes St

*Cause of Death,* First, (Primary,) Natural

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 20

*Undertaker,* H. Davis

*Place of Business,*

E. K. Kelly M. D.
Medical Attendant.

*Address,* 157 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

# Board of Health, City of Baltimore.

Permit No. 39286 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 18th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederica Louisa Josenhans.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 19 *Years,* 8 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 247 S. Durham St.

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of Last Sickness,* Two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Augst 20th 1882

*Undertaker,* Wm. Nicolaus

*Place of Business,* 258 Alice Anna.

John H. Ehlinger M. D., Medical Attendant.

*Address,* # 243 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 59286 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 19 2
1882
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Thursday Morning Aug 17 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katy Hudson

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* 18 *Years,* 1 *Months,* *Days.*

*Color,* White

*Married,* ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

*Occupation,* Non

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} West River Anne Arundel Co Md

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give street and number.} 49 Hudson & Lucas St

*Cause of death,* First, (Primary,) Malaria

Second, (Immediate,) Typhoid

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* August

*Undertaker,* Wendell Lippy

*Place of Business,* S. Bond & Co

J E Pinkard M. D.,
Medical Attendant.

*Address,* 28 O Donnell St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59287 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 17. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Herglet Linkmann

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Brewer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany 8 yrs. —

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} City Hospital

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Suicide Shot

*Duration of Last Sickness,*

Information should be furnished by the Physician.

*Place of Burial.* New St James

*Date of Burial.* Aug 19th

*Undertaker,* George Schilling

*Place of Business,* Ashland & Lucas *Address,*

Alexander Smiley M. D., Medical Attendant.

Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Memoranda below and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59288 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 16 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Stewart

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 5 week *Days,*

*Color,* Cd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* 4 weeks

*Place of Death,* {Give street and Number.} 32 Chestnut St

*Cause of Death,* First, (Primary,) I never saw the child until it was dying. Examined it carefully. Believe it to have died from cerebral

Second, (Immediate,) or Calarrh =

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Druid Cem

*Date of Burial,* Aug 18

*Undertaker,* McColeman

*Place of Business,*

A Longwhenker M. D.,
Medical Attendant.

*Address,* 11 S. Hoyt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59289 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 17. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Anderson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days,*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 40 Harrison st

*Cause of Death,* First, (Primary.) —

Second, (Immediate,) Intemperance

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* East Baltimore Cemetery

*Date of Burial,* August 18

*Undertaker,* Mr Coleman

*Place of Business,* City Hall

Alexander Insley M. D.,
Medical Attendant.

*Address,* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore.

Permit No. 57290 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 16 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Regan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 152 Dillon St.

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug. 18th 1882

E. J. Williams M. D.,
Medical Attendant.

*Undertaker,* H. Sanderson

*Place of Business,* 252 Canton Ave *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 59291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT. OF HEALTH AUG 18 1892

## CERTIFICATE OF DEATH.

*Date of Death,* August 17th 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Ettel

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* ——— *Years,* 3 *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ~~Married~~ Single ~~Widow or Widower~~

*Occupation,* ~~—~~

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 3 Little Gough St

*Cause of Death* { First, (Primary,) Heart Prostration

Second, (Immediate,) 4c

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Aug. 18th 1892

*Undertaker,* H. Sanders & Son

*Place of Business,* 252 Eastern Ave

D. W. Cathell M. D.
Medical Attendant.

*Address,* 2 W Baltimore

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 5-9292 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 18 1892 HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Winchester

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* about 40 *Years,* ..... *Months,* ..... *Days,*

*Color,* Blk.

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Oyster shucker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life Death

*Place of Death,* {Give street and Number.} 146 Sarah Ann

*Cause of Death,* First, (Primary,) Brights disease

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 6 Mos.

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount St Cemetery

*Date of Burial,* Aug 18 1892

*Undertaker,* William Lange

*Place of Business,* No 62 E Oar St.

Herbert Harlan M. D., Medical Attendant.

*Address,* Balto En Dept.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5-9293 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 17. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 24 *Years,* — *Months,* 5 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Farmer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 4 months

*Place of Death,* {Give street and Number.} 69 Mulberry St

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) Perforation of Bowel

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnebrae

*Date of Burial,* August 19. 1882

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Mulberry St.

W. J. Kemp M. D.,
Medical Attendant.

*Address,* 55 N Green St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59294 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Morgany

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 4 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} No 104 N. Eden St

*Cause of death,* First, (Primary,)

Second, (Immediate,) Typhoid Fever & Congestion of Brain

*Duration of Last Sickness,* Nearly 2 weeks Last Spell 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 19th

*Undertaker,* Geo. Schilling

*Place of Business,*

J. Regney Endre M. D.,
Medical Attendant.

*Address,* 121 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

13

# Board of Health, City of Baltimore.

Permit No. 59296

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

RECEIVED AUG 18 1882 REGISTRAR BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Hark

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 73 *Years,* 1 *Months,* 28 *Days.*

*Color,*

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Lancaster Pa

*Duration of Residence in the City of Baltimore,* twelve years

*Place of Death,* {Give street and number.} 56 Parkin St

*Cause of Death,* First, (Primary.) Dysentery

Second, (Immediate.) Inanition

*Duration of Last Sickness,* 5 Weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* Lancaster Pa

*Date of Burial,* Aug 18th 1882

*Undertaker,* Wm B Cook

*Place of Business,* No 707 N Baltimore Street

A Mc Colburn M.D.,
Medical Attendant.

*Address,* 843 W. Lombard St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59296 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 17th August 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Cremen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Three (3) *Months,* Twenty nine (29). *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} No 248 Saratoga St.

*Cause of Death,* First, (Primary,) Gastro Intestinal Catarrh

Second, (Immediate,) Cachexia

*Duration of Last Sickness,* Three weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 19th 1882

*Undertaker* H. M. Dawkins & Son

*Place of Business* No 76 N Charles

W C Van Bibber M. D.,
Medical Attendant.

*Address,* 47. Franklin St. from 7 E. Chatam Pl.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 9277 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 19th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Baumann

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 57 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and Number.} 212 Hanover

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cancer of Uterus

*Duration of Last Sickness,* 8 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 20 1892

*Undertaker,* C F Krause

*Place of Business,* 209 Hanover

L M Eastman M. D.
Medical Attendant.

*Address,* 168 E Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 59298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily M. A. Hayden

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 23 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Boundary Ave

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Boundary Ave

*Cause of Death* First, (Primary,) Diarrhea

Second, (Immediate,)

*Duration of last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto

*Date of Burial,* Aug 19

*Undertaker,* Coach & Forst

*Place of Business,*

Geo. T. Curse M. D.
Medical Attendant.

*Address,* Gardenville Baltimore Co Md

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 59299 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT CITY AUG 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Foucks

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 3 Weeks

*Place of Death,* {Give street and Number.} 293 N. Central Ave

*Cause of Death,* First, (Primary,) Enteritis

Second, (Immediate,)

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial* St Jams Centere

*Date of Burial,* Aduyast 19, 1882

*Undertaker,* Henry Hoch

*Place of Business,* 309 Central Ave *Address,* Cor Eden & Biddle Sts

E. B. Fenby M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 59300 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 17 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} J. P. Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 54 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

*Occupation,* Shoemaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and Number.} 259 S. Broadway

*Cause of Death,* First, (Primary.) Chronic alcoholism

Second, (Immediate,) Convulsions, Coma

*Duration of Last Sickness,* Two weeks.

All the above information should be furnished by the Physician.

*Place of Burial* St Evangelic Cem

*Date of Burial,* Aug 19 1882

*Undertaker,* H Bender & Son

*Place of Business.* 262 Canton Ave *Address,*

A R Arnold M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 5-9301 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie V. Bailey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 7 *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Co.

*Duration of Residence in the City of Baltimore,* 5 weeks

*Place of Death,* {Give street and Number.} # 124 Jackson St

*Cause of Death,*
First, (Primary,) Convulsions
Second, (Immediate,) " "

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 19th 1882

*Undertaker,* Sam'l H. Chase

*Place of Business,* 178 S. Howard St

Ernest Beer M. D., Medical Attendant.

Address, [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Recorded

# Board of Health, City of Baltimore,

Permit No. 57304 — *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 18 do.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Waters

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* 4 *Months,* *Days,*

*Color,* Colored

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* 52 years

*Place of Death,* {Give street and Number.} 155 Henrietta St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Apoplexy

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Auburn

*Date of Burial,* Aug 20th 1882

*Undertaker,* Sam'l P. Chase

*Place of Business,* 198 E. Howard St.

A. M. Hall M. D.,
Medical Attendant.

*Address,* 262 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 59303 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Morrissey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 11 *Months,* 28 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 54 Boyd

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters. Cem.

*Date of Burial,* Aug 19 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St. *Address,* 283 W. Lombard

Edw. F. Mitchell M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57304 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Randal Evans

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Ball-Cutter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during Life

*Place of Death,* {Give street and Number.} 35-9 h Gay St-

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Ulceration of bowels

*Duration of Last Sickness,* six months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Aug. 20th 82

A. Lr. Gilchrist M. D.,
Medical Attendant.

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 N. Gay St *Address,* 11 S. Exeter St-

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 29306

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 59305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 19 AUG 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 18th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Wader

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 4 *Months,* 2 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Hoyb. Germany.

*Duration of Residence in the City of Baltimore,* 3 Days.

*Place of Death,* {Give street and number} 114 Fort Avenue.

*Cause of Death,* First, (Primary,) Cholera. Infantum.

Second, (Immediate,) Convulsions.

*Duration of last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* Aug 20th 1882

I. Worthington M. D.
Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Sharpe Cross St. *Address,* Cor Brown & Light Sts.

***Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore.

Permit No. 59306 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

AUG 19

*Date of Death,* August 18 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Bocksteigel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 18 *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* ½ day.

*Place of Death,* {Give street and Number.} 13. East Lombard St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 19

*Undertaker,* J. McGinnis & Co

*Place of Business,* Front & Monument

Alexander Duncley M. D.,
Medical Attendant.

*Address,* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 57307 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1882

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Francis

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* Eleven *Months,* ——— *Days.*

*Color,* Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Eleven months

*Place of Death,* {Give street and number.} No. 34 Josephine St.

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Prostration

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 20 1882

*Undertaker,* Charles A White

*Place of Business,* 455 Granby st

F. B. Gardner M. D.,
Medical Attendant.

*Address,* 1202 N. Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 59308 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 18 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Wells

*Sex, Male or* ~~Female~~, {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* white

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Harford Co Md.

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give street and number.} 96 e Fayette ste.

*Cause of death,* First, (Primary,) Marasmus senilis

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Trap Harford Co.

*Date of Burial,* 21 of Aug

*Undertaker,* Geo Schellinger

*Place of Business,* Augusta St.

John J. Litzer M. D.,
Medical Attendant.

*Address,* 160 Saratoga street.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# // Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT AUG 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 18th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Seiben

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* + *Years,* 4 *Months,* *Days.*

*Color,* Wh—

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto—

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and number.} 179 Park Ave.

*Cause of Death,* {First (Primary,) Dranitis—
Second (Immediate,)} Seen by one day before death—then Marasmus—

*Duration of Last Sickness,* Some wks—

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem.

*Date of Burial,* August 20th 1882

*Undertaker,* Andrews & Hodges

*Place of Business* No 4 & 6 Druid Hill Ave

Wm. F. Lockwood M. D.
Medical Attendant.

*Address* Park Ave & Madison St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9310 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 19th August 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel P. Welch.

*Sex,* Male ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 81 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ or *Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* Upwards of 40 Years

*Place of Death,* {Give street and number.} Aged Mens Home

*Cause of death,* First, (Primary,) Paralysis - (General)

Second, (Immediate,)

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Bakr Cemetery

*Date of Burial,* Aug. 20: 1882

*Undertaker,* H. W. Jenkins Sons

*Place of Business,* 525 N. Charles

Geo H Lyster M. D.,
Medical Attendant.

*Address,* Waverley Terrace

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59311 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 16, 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas. McGuire

*Sex, Male or Female,* { Cross out the word not required in this line. } male

*Age,* 48 *Years,* 11 *Months,* 23 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } married

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Newfoundland 16 yrs

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 68 Gough St

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Pulmonary Hemorrhage

*Duration of Last Sickness,* about 6 mos

All the above information should be furnished by the Physician.

*Place of Burial* Holy Cross Cemetery

*Date of Burial,* Aug 20th 1882

*Undertaker,* L P Byrne

*Place of Business,* 63 Front

D. Shea M. D.,

Medical Attendant.

*Address,* 148 N. Exeter

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 18th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Auerbach

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 41 *Years,* 4 *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* housekeeping

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give street and number} 40 S. Eutaw Street

*Cause of Death* First, (Primary,) Uraemia, complicated with pregnancy - Eclampsia

Second, (Immediate,) Dyspnoea & Convulsions

*Duration of last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Blair Road Loudon Park Cem

*Date of Burial,* 18 August

*Undertaker,* Wm Ecclauer.

*Place of Business,* Gough St. 101

A Auerbach M. D.
Medical Attendant.

*Address,* 88 S Eutaw Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 59813 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

DEP. AUG 19 1892 CITY

## CERTIFICATE OF DEATH.

*Date of Death,* Aug - 19th 1892 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary -

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 14 *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} St. Vincent's Infant asylum.

*Cause of Death,* First, (Primary,) Marasmus.

Second, (Immediate,)

*Duration of Last Sickness,* Life -

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae.

*Date of Burial,* Aug 19th

*Undertaker,* Pat. Hunt.

*Place of Business,* Insim & Hunt.

R. Mc Goldsmith M. D.,
Medical Attendant.

*Address,* Harlem av. Calhoun st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 29314 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 19 1882

## CERTIFICATE OF DEATH.

*Date of Death,* August 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ed. Bromwell.

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 5-3 *Years,* 8 *Months,* 21 *Days,*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 14 yrs.

*Place of Death,* {Give street and Number.} 112 West St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Rheumatism of Heart.

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Dorchester Co

*Date of Burial,* Aug 19/1882

*Undertaker* Armstrong & Denny

*Place of Business,* 263 Light

R. J. N. Tall, M. D.,
Medical Attendant.

*Address,* 15-2 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 59315 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1892

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Solomon W. Fowble

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* 5 *Months.* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Sailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Dorchester County

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and number.} No 6 Hamburg St

*Cause of death,* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of Last Sickness,* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Aug 19/1892

*Undertaker* Armstrong & Kenny

*Place of Business,* 263 Light

J. C. Burch M. D.,
Medical Attendant.

*Address,* 15 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 19316 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 19 1882

## CERTIFICATE OF DEATH.

*Date of Death,* August 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Budget Flanagan

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

*Age* Seventy Eight *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Nineteen Years

*Place of Death,* {Give street and number.} No. 85 N. Dallas Street

*Cause of death,* First, (Primary,) Rheumatism

Second, (Immediate,) Heart Disease

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial* Holy Cross Cemetery

*Date of Burial,* Aug 20

*Undertaker* Henry Mc Ginis

*Place of Business,* 8 N. Central Ave

Wm. H. Clendinen, M. D.,
Medical Attendant.

Address, No. 102 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9317 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

AUG 19 1882

*Date of Death,* Aug 19

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant McKenna

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* Half hr *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 40 Liberty

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Premature Birth

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 19

*Undertaker,* P. McKenna

*Place of Business,* .....

Geo. W. Gibson M. D.,
~~Medical Attendant.~~

*Address,* Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 59318 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEP
AUG
19
1882
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 19. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McClure

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 8 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,* ~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 579 Gay st.

*Cause of Death,* First, (Primary,) Pertussis

Second, (Immediate,) Teething & Entero-colitis

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial.* August 20th 1882

*Undertaker,* John Lyle

*Place of Business,* 166 E Balto st

Geo. L. Hartman M. D.,
Medical Attendant.

*Address,* 305 E Caroline st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59819 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph R. Gurley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days,*

*Color,* Wh

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 7 mos

*Place of Death,* {Give street and Number.} Fort ave

*Cause of Death,* First, (Primary,) Malalimentation

Second, (Immediate,) Dentition

*Duration of Last Sickness,* 1 Wk

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill C mb

*Date of Burial,* August 20

*Undertaker,* B. Hearle

*Place of Business,* 82 West ft. *Address,* 313 Lyon

W. A. Davis M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

15

# Board of Health, City of Baltimore,

Permit No. 59320

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

AUG 19

## CERTIFICATE OF DEATH.

*Date of Death,* August 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Weikert

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Susquehanna Bretanne

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and number.} Foot Pier 4 Light-St. Wharf

*Cause of Death,* First, (Primary.) Accidentally drowned

Second, (Immediate.) " "

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Co

*Date of Burial.* Aug 20 1882

*Undertaker,* Chas Potts

*Place of Business,* 3d & M Central Address, 161 2d Sharp St

L. Atzell M.D.,
~~Attending Physician~~
Coroner 4th Dist

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59321

*Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

AUG 20 1882

*Date of Death,* Aug. 19, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Blaine Peters

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 6 *Days.*

*~~Color~~,*

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 432 E. Monument

*Cause of death,* First, (Primary,) Umbilical Hemorrhage

Second, (Immediate,) Debility

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* August 20th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway Address, 367 S Broadway

J. J. White, M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 19322 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

AUG 20 1882

*Date of Death,* August 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Herbert

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 9 *Months,* 15 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ralto Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} Cor Lafayette & Pulaski St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Measles

*Duration of Last Sickness,* Very Ill Sick [illegible]

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* Augt 20th

*Undertaker,* M. Clarke & Son

*Place of Business,* 92 S. Ann

Ed. Fell, M. D., Medical Attendant.

*Address,* 538

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57328

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

AUG 20 1882

## CERTIFICATE OF DEATH.

*Date of Death,* August 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Gladden

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2yrs *Years,* 2mo *Months,* 2mo *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} No 2 Bruce St

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 2 Bruce St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Aug 20 1882

*Undertaker,* William Kemp

*Place of Business,* No 62 East 8th

J. C. Shiner M.D.,

Medical Attendant.

*Address,* 41 N. Carey St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 19324 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Morrissey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 7 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 5 4 Bond

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem.

*Date of Burial,* Aug 20 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St

Edwd. F. Muehlhaus M. D.,
Medical Attendant.

*Address,* 283 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59325 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

AUG 20 1882
BALTIMORE MD.

*Date of Death,* Aug. 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos J. Askings

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* two *Months,* 17 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 92 N. Spring St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* August 20/1882

*Undertaker,* Charles Hill

*Place of Business,* 35 Grant st

Francis A. Lauer M. D.,
Medical Attendant.

*Address,* 105 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No 59

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

*Permit No.* 5926

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Hughes Birkey

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Clerk.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 219 Druid Hill Ave

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Apoplexy

*Duration of last Sickness,* Four hours.

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul's Church Burying ground

*Date of Burial,* Aug 21

*Undertaker,* C. H. Blizzard

*Place of Business,* 198 Park ave

Edward R. Hard M. D.
Medical Attendant.

*Address,* 248. N. Lombard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

... PRINTING AND STATIONERY.

[over]

# Board of Health, City of Baltimore,

Permit No. 5932 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART AUG 20 1882 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* August th 17

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 40 Wayne St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Teeting and Trash

*Duration of Last Sickness,* Still born since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Sharps St cemetery

*Date of Burial.* Aug th 19

*Undertaker,* Mr Burgan

*Place of Business,* E W. Perkins

Geo. W. Dennis M. D.

Medical Attendant.

Address, Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnis within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting fo as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, a the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVE

# Board of Health, City of Baltimore,

Permit No. 59328 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 20 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Mary~~ Mother's Name Mary E. Jones

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* 9 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 5 Wilmer al.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 5 Wilmer al.

*Cause of Death,* First, (Primary,) Thrush,

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn Cemetery

*Date of Burial,* August 20 1882

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard St. *Address,* 213 Druid Hill Ave

B. A. Turner M. D.,
Medical Attendant.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 5932 9

*Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT AUG 20 1882 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 19 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan E Wallace.

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days.*

*Color,* white

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 33 Wilson St.

*Cause of Death,* First, (Primary,) General debility

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* August 21st 1882

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N Eutaw St

E. L. Miller M. D.,
Medical Attendant.

*Address,* 57 Lanvale St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 59330 *Office of Registrar of Vital Statistics.* Ward 1.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 20. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Amelia Stevens

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 40 *Years,* 5 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Penna.

*Duration of Residence in the City of Baltimore,* 23 yrs

*Place of Death,* {Give street and Number.} 2424 N. Bond St.

*Cause of Death,* First, (Primary,) Placenta praevia (labor)

Second, (Immediate,) Heart clot

*Duration of Last Sickness,* 2½ hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 21/1882

*Undertaker,* John T. Orr

*Place of Business,* 166 E. Balto St

Geo. A. Hartman M. D., Medical Attendant.

*Address,* 305 N. Caroline St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9331 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~August~~ August 19 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwina E. Gray

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 0 *Years,* 2 *Months,* 15 *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Iron Moulder

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* since birth ✓

*Place of Death,* {Give street and Number.} 25 Woodward ave

*Cause of Death,* First, (Primary,) Scrofula

Second, (Immediate,) Tuberculous Meningitis

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* August 21st 1882

*Undertaker,* Wm. J. Felner

*Place of Business,* 136 Camden st

A. Crane Otis M. D., Medical Attendant.

*Address,* 146 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59332 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, d... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augst 19th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred Hoffman

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* — *Years,* — 10 *Months,* — *Days,*

*Color,* Colrd

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and Number. } No 11 Harewood

*Cause of Death,* First, (Primary) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Three (3) Days

All the above Information should be furnished by the Physician.

*Place of Burial,* St Johns Centre

*Date of Burial.* August 21. 1882

*Undertaker,* Henry Routh

*Place of Business,* 309 Central Ave

S. Welliver M. D.,
Medical Attendant.

Address, 1 E Eager Baltimore

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-7833 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah S. Burton

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Five *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Five years

*Place of Death,* {Give street and number.} 217 Battery Ave

*Cause of death,* First, (Primary,) Spasmodic Croup

Second, (Immediate,)

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* August 21

*Undertaker,* B. Grady

*Place of Business,* 82 West St *Address,*

L. Bacon *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 9734 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *ac... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 19th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bridget Mayers

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 26 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Domestic

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } No. 18 Eutaw near Lex

*Cause of Death,* { First, (Primary,) Phthisis

Second, (Immediate,) .....

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug 21st 82

*Undertaker,* G. Fraser

*Place of Business,* Bonk & Wolf *Address,* 31 E Fayette

J. Whitridge Williams M. D.,

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59334 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG. 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 19th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Murdock

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 1 *Years,* 2 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* { Give street and Number. } 158 Dillon St

*Cause of Death,* { First, (Primary,) Teething
Second, (Immediate,) Cerebro Spinal Meningitis

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial* St Patricks Cem.

*Date of Burial,* Aug 21st 82 J. H. Martin M. D.,

*Undertaker,* G. Frances Medical Attendant.

*Place of Business,* Davis & Wolf *Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 17836 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 21 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mory

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Forty Years

*Place of Death,* {Give street and number.} 52 N. Amity St-

*Caus of death,* First, (Primary,) Asthma

Second, (Immediate,)

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Lebanon Yard

*Date of Burial,* August 22

*Undertaker,* F. J. Nawrot

*Place of Business,* Pratt & Scott St

John Neff M. D., Medical Attendant.

*Address,* 104 Caroline Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 57337 *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Loch.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 7 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 8 N Wolfe St

*Cause of Death,* First, (Primary,) .....
Second, (Immediate,) Premature Birth -

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Catholic

*Date of Burial.* Aug 22.

*Undertaker,* A Boehler

*Place of Business,* .....

Geo. H. Dixon M. D.,
Medical ~~Attendant~~.

Address Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9338 *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certific... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 20. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Ellender

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 66 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Tin plate & Sheet iron worker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} # 185 E. Madison St.

*Cause of Death,* First, (Primary,) Strangulated Femoral hernia right side

Second, (Immediate,) Peritonitis & shock from operation

*Duration of Last Sickness,* 40 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Balto

*Date of Burial.* Aug 22

*Undertaker,* H Hirshman

*Place of Business,* .....

Geo. A. Hartman M. D., Medical Attendant.

*Address,* # 305 N Caroline St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 59339 *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1892 BALTIMORE

*Date of Death,* August 22nd 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Vansant Fear

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} .....

*Age,* ~~.....~~ *Years,* 5 *Months,* 2 *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} .....

*Occupation,* None

*Birthplace,* {State on country, and now long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 185 Eutaw Ave

*Cause of Death,* First, (Primary,) Peritonitis

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug. 22. 1892 E. A. Fitz, M. D.

*Undertaker,* Armstrong & Dem — *Medical Attendant.*

*Place of Business,* 263 Light St *Address,* 57 Simmons Ave

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

1 20 Board of Health, City of Baltimore,

Permit No. 59348 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 1882 BALTIMO

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hyman Harris

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 7 Months, 6 Days.

*Color,* Dark *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 7 Months 6 days

*Place of Death,* {Give street and number.} 98 Lombard St

*Cause of Death,* { First (Primary,) ~~Con~~ Gradual wasting away

{ Second (Immediate,) I only saw the child one day last month, do not know the cause

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* W Pub Cem

*Date of Burial,* Aug 21

E Ridgely Baer M. D.
Medical Attendant.

{ *Undertaker,* LA Kerdmen
{ *Place of Business,* *Address*

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore

Permit No. 5934 1 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1882 BALTIMORE

*Date of Death,* Aug 19, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Hopkins

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City ✓

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 50 N. Sharp Street

*Cause of death,* First, (Primary,) Convulsions

Second, (Immediate,)

*Duration of Last Sickness,* 9 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug. 21st, 1882

*Undertaker,* Wm. Burgee

*Place of Business,* No 62 East St

E. H. Thomas M. D.,
Medical Attendant.

*Address,* 66 E. Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57842

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. E. Helber.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

HEALTH DEPARTMENT AUG 21 2 1882 BALTIMORE

*Age,* 20 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Six years.

*Place of Death,* {Give street and number} 457 N. Baltimore St—

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption

*Duration of last Sickness,* Seven months

All the above information should be furnished by the Physician.

*Place of Burial,* Most. Buds Evgl. Luthrn

*Date of Burial,* August 22nd 1882

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518 W. Baltimore St.

Edward R. Ward M. D.
Medical Attendant.

*Address,* 248 N. Lombard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 57343 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie A Müller

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 21 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* life

*Place of Death.* {Give street and Number.} 165 N Eutaw St

*Cause of Death,* First, (Primary.) Inanition

Second, (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial* Louden Park Cemetery

*Date of Burial,* 22nd Aug 1882

*Undertaker,* Dieterick. Wiegand

*Place of Business,* 166 Druid Hill Ave

C. Miller M. D.,
Medical Attendant.

*Address,* 89 N Green St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5-9344 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 19th Aug. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Hoover

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 87 *Years,* 11 *Months,* 19 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* { Give street and Number. } # 17 N. Collington Ave

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* August 22 1882

*Undertaker,* John Kenney

*Place of Business,* 382 Orleans St. *Address,* 135 E. Balto. St.

E. P. Owens *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

# Board of Health, City of Baltimore,

Permit No. 09346 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 20 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anabel Heerwagen

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 10 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 375 Alice Ave,

*Cause of Death,* First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* Aug 22d 1882

*Undertaker,* Leonhard Veltz

*Place of Business,* 222 S. Broadway

E. Fillmore M. D.,
Medical Attendant.

*Address,* 53

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5-7846 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPT. AUG 21 1882 BALTIMORE

*Date of Death,* August 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Patterson,

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Lady

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland,

*Duration of Residence in the City of Baltimore,* 28 years,

*Place of Death,* {Give street and Number.} cor No. 31 E. Pleasant St

*Cause of Death,* First, (Primary,)

Second, (Immediate.) Uterine Cancer,

*Duration of Last Sickness,* 18 months,

All the above Information should be furnished by the Physician.

*Place of Burial* Green Mount Cemy

*Date of Burial,* August 22nd 1882

*Undertaker,* Deaky & Mitchell

*Place of Business,* 550 W Fayette *Address,* 5 Franklin St

Wm Morris M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57347 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21st 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H Farrell

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 2 *Years,* 9 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } No. 542 Canton Ave

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 22 " 1882

*Undertaker,* H. Snowden & Son

*Place of Business,* 232 Canton Ave *Address,* 348 Broadway

J. L. Yates M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 5934 8 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 3 PM Sunday Aug 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Furlong

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* About 55 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} 154 Chesapeake St

*Cause of death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Phthisis Pulmonalis

*Duration of Last Sickness,* About 3 Month

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick Cem

*Date of Burial,* Aug. 21, 1882

*Undertaker,* Wm. Landers

*Place of Business,* 252 Canton Ave *Address,* 28 O'Donnell St

J E Richards M. D., Medical Attendant.

1

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 93449 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 20 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Margret Camack

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 78 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Nurse

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 127 N Carolina St.

*Caus of death,* First, (Primary,) Cardiac Disease

Second, (Immediate,) Hypertrophy with Increased Thickening

*Duration of Last Sickness,* Six or Eight Months

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* Aug 22nd 82

*Undertaker,* Wm Wheldon M. D.,

Medical Attendant.

*Place of Business,* 53 Hillen St. *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5935 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francisca Flesch

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany,

*Duration of Residence in the City of Baltimore,* One year

*Place of Death,* {Give street and Number.} # 292 S. Dallas St,

*Cause of Death,* First, (Primary,) Enteric - colletis

Second, (Immediate,)

*Duration of Last Sickness,* Three weeks

At the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial.* Aug 22nd 82

*Undertaker,* G. Krause

*Place of Business,* Park & Mt. Ave

John H. Kehberger M. D., Medical Attendant.

*Address,* # 243 Aliceanna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 57361 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1932 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Foreman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days.*

*Color,* black

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 25 Oxford

*Cause of death,* First, (Primary,) Brain fever

Second, (Immediate,)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 21 or 22 1882

*Undertaker,* Wm H. Bishop

*Place of Business,* 97 Druid Hill Ave.

G Lane Tanevhill M. D.,
Medical Attendant.

*Address,* 129 W Biddle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

10

# Board of Health, City of Baltimore,

**Permit No.** 79852

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Philare E. Riley

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Hat Merchant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md

*Duration of Residence in the City of Baltimore,* 27 Years

*Place of Death,* {Give street and number.} 282 Lexington Street

*Cause of Death,* First (Primary,) Dr Did Not Know - Three physicians present

Second (Immediate,) Dropsy (Renal)

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept 22 1882

*Undertaker,* Jos F. Byrne

*Place of Business,* 5-9 1/2 Liberty St *Address* 71 Franklin St.

H. E. McGuire M. D.
Medical Attendant.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

# Board of Health, City of Baltimore,

Permit No. 57353

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 23 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 22 August 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Krause

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 250 Caroline st.

*Cause of Death,* First, (Primary.) hip disease

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto

*Date of Burial,* Aug 24

*Undertaker,* M. A. Nick & Son

*Place of Business,*

Jas C Patterson M.D.,
Medical Attendant.

*Address,* 57 Aisquith st

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59357 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21st. 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lena.

*Sex,* ~~Male~~ *Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* 1 *Months,* — *Days,*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* { Give street and Number. } St. Vincent's Infant Asylum.

*Cause of Death,* First, (Primary.) Marasmus.

Second, (Immediate,)

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug. 22d/82

*Undertaker,* Pat. Hunt.

*Place of Business,* Irwin & Tennent

R. H. Goldsmith M. D.,
Medical Attendant.

*Address,* Harlem av. Calhoun St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59355 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman August Gubernatis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 12 *Years,* 9 *Months,* —— *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and Number.} 102 South Eutaw st

*Cause of Death,* First, (Primary,) Caries of Vertebrae

Second, (Immediate,) Syphilis

*Duration of Last Sickness,* Seven years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* 22

*Undertaker,* Ernst Schlaman

*Place of Business,* 200 Sharp St

Chas. E. Gibbons M. D., Medical Attendant.

*Address,* 47 Edmondson Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57366 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21 / 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas W. Davis

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 53 *Years,* 9 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Mechanic

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 107 N. Stockton

*Cause of Death,* First, (Primary,) Softening of Brain

Second, (Immediate,) " "

*Duration of Last Sickness,* 5 years

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem.

*Date of Burial.* Aug 23 / 82

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St.

Thos O'Brien M. D., Medical Attendant.

*Address,* 89 N. Carey St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

# Board of Health, City of Baltimore,

Permit No. 59357 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 21 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Thompson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Washington Road

*Cause of Death,* First, (Primary,) Injuries received by a fall

Second, (Immediate,) Cerebral Concussion

*Duration of Last Sickness,* 1 hour

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial.* Aug 23 1882

Alexander Tinsley M. D.
Medical Attendant.

*Undertaker,* J. Bullock

*Place of Business,* 707 W. Balto St. *Address,* Same

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

# Board of Health, City of Baltimore,

Permit No. 5-7655-8 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E Ryan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* 10 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Child

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 436 Lombard St.

*Cause of death,* First, (Primary,) Pulmonary & Bronchial Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Aug 22 nd 1882

*Undertaker,* Geo R Cook

*Place of Business,* No 707 N Baltimore, *Address,* 204 Lanvale Ave

John Neff, M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 69867 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1892 BALTIMORE

*Date of Death,* August 20th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie M. Earl

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 3 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 145 Ridgely St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem.

*Date of Burial,* Aug. 22 1892

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St *Address,* 157 Hanover St

Z. D. Wiley M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

# Board of Health, City of Baltimore,

Permit No. 59860 *Office of Registrar of Vital Statistics.* Ward 44

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Stevens

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 26 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 53 S Fulton

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of Last Sickness,* Lifetime (26 days)

All the above information should be furnished by the Physician.

*Place of Burial,* Hampton Balto Co

*Date of Burial,* Aug 22 1882

*Undertaker,* J B Cook

*Place of Business,* 707 W Balto St.

James Buchanan M. D., Medical Attendant.

*Address,* 319 Fulton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57361 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilian Stephens Wilson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 9 *Days.*

*Color,* w

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} city

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 90 Bank St

*Cause of death,* First, (Primary,) Dentition

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Aug 23d 1882

*Undertaker,* John S Mackey

*Place of Business,* 150 Camden *Address,* .....

S Sluder M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9362 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria F Johnson

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 34 *Years,* ..... *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Widow

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Cambridge Md

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* { Give street and Number. } 199 Pine St

*Cause of Death,* First, (Primary,) Ph Phthisis

Second, (Immediate,) .....

*Duration of Last Sickness,* Five (5) weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* Aug 23 1882

*Undertaker,* S W Chase

*Place of Business,* 190 Forrest

H L Hynson M. D.,
Medical Attendant.

*Address,* 387 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 09363 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Tillie

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 83 *Years,* *Months,* *Days,*

*Color,* Colored

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 88 Church St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Old age

*Duration of Last Sickness,* Been ailing for four weeks

At the above information should be furnished by the Physician.

*Place of Burial,* Loanel Cemetery

*Date of Burial,* Aug 23rd 1882

*Undertaker,* Sam'l M Chase

*Place of Business,* 198 S Howard St

A. McHaell M. D.,
Medical Attendant.

*Address,* 262 Sharp St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

# Board of Health, City of Baltimore,

Permit No. 59364

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 20 August 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo Winchester

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 20 *Years,* 7 *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Clerk

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and number.} 307 Linden Avenue

*Cause of Death,* First (Primary,) Typhoid Fever

Second (Immediate,) Peritonitis

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* August 22/82

H. D. Mundart M. D.
Medical Attendant.

*Undertaker,* R Kenwick Jr.

*Place of Business,* 92 N Howard St *Address* 80 Read St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 59363 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21st 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Thos. Sweeney

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* Years, 19 Months, 10 Days,

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 69 Hampstead n

*Cause of Death,* First, (Primary,) Cerebral

Second, (Immediate,) Meningitis

*Duration of Last Sickness,* by attendant not visits,

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug 22

*Undertaker* Henry Mc Ginnis

*Place of Business,* 8 N Central ave

John F. Monmonier M. D.,
Medical Attendant.

*Address,* 57 N. Eutaw & Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

10

Permit No. 59366

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 20, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lakes.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* Yellow.

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Caterer.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 8 Gordon St.

*Cause of Death,* First, (Primary.) Stricture of Urethra

Second, (Immediate.) Bright's disease Uremia

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet.

*Date of Burial,* Aug. 22 1882

*Undertaker,* Wm J. Jordan.

*Place of Business,* 65 Saint Paul

W. P. Mason M.D.,
Medical Attendant.

*Address,* 119 N. Monument St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9367 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 21st 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ettie E. Railey

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow~~ *or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Co.

*Duration of Residence in the City of Baltimore,* Right Years

*Place of Death,* {Give street and number.} 19 Jackson Square

*Caus of death,* First, (Primary,) Puerperal Convulsions

Second, (Immediate,)

*Duration of Last Sickness,* Few Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* August 23d 1892

*Undertaker,* Thos. S. Hughes

*Place of Business,* 607 Gallows St

John Nott M. D.,
Medical Attendant.

*Address,* 204 Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 5-9367 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1932 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 21 1932

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Mulligan

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Stone cutter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City - Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} City Hospitals

*Cause of Death,* First, (Primary,) Injuries from R. R. accident

Second, (Immediate,)

*Duration of Last Sickness,* 41 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* Aug 23 d

*Undertaker,* H. C. [redacted]ield

*Place of Business,* 90 Greenmount Av *Address,*

Coleman Tinley M. D.,

Surgical Attendant

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 39369 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21st

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Robbins

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ / Female

*Age,* 4 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 36 William St

*Cause of death,* First, (Primary.) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem.

*Date of Burial,* Aug 23rd 82

*Undertaker,* C. F. Krause

*Place of Business,*

L. C. Bruck *M. D.,*
Medical Attendant.

*Address,* 151 N Gay St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5-9370

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 2 1882 BALTIMORE

*Date of Death,* Aug 22 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick H. Shea

*Sex, Male or Female,* { Cross out the word not required in this line. } M

*Age,* 4 *Years,* 4 *Months.* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } No 37 York St

*Cause of death,* { First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* 4 days

All the above Information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial* Aug 22nd 1882

*Undertaker.* { Chas. Krause

*Place of Business.*

A. C. Burch M. D.,

Medical Attendant.

*Address,* 15 N Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

1

# Board of Health, City of Baltimore,

Permit No. 57877

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

AUG 22 1882

## CERTIFICATE OF DEATH.

*Date of Death,* August. 21st 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna C. Wilson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* 11 *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~~~

*Occupation,* ~~~~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* ~~~~~

*Place of Death,* {Give street and number.} Canton ave No 350

*Cause of Death,* First, (Primary.) Convulsions.

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 22

*Undertaker,* W. L. Hurd

*Place of Business,* 15 E. Bond Address, S.W. cor. Wolf & Canton ave

C. M. Schutte Jr M.D.,
Medical Attendant.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9372 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Dunsmore

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 92 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 67 Years

*Place of Death,* {Give street and Number.} Corner of Styles & Aliceanna

*Cause of Death,* First, (Primary,) Accidents (Fracture of thigh)

Second, (Immediate,) Senility

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Augt 23d 1882

*Undertaker,* Henry W. Mears

*Place of Business,* 40 N. Gay St. *Address,*

[illegible] M. D.,

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

12

# Board of Health, City of Baltimore.

Permit No. 59373

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 22 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21st 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Brunette

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 9 *Months,* 5 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 506 Division St

*Cause of Death,* First, (Primary.) Convulsions caused by Intestinal Obstruction

Second, (Immediate.)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 23

*Undertaker,* Walter Immel

*Place of Business,* 315 N. Bidder

Chas E Seattle *M.D.,*
Medical Attendant.

*Address,* 565 Druid Hill Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59874 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 21. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Knowles

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 12 *Months,* 24 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 408 W. Fayette St

*Cause of Death,* First, (Primary,) Cholera Infantum & Debilitation

Second, (Immediate,) " — "

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore cemetery

*Date of Burial,* Aug 22nd 1882

*Undertaker,* Wm B Cook

*Place of Business* No 707 W Baltimore

I. P. Browne M. D.,
Medical Attendant.

*Address,* 307 Madison Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 29375 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1932 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 22nd, 1932

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Anna Burkheiser

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 10 *Months,* 28 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} # 324 Canton Av.

*Cause of Death,* First, (Primary,) Internal Convulsions

Second, (Immediate,)

*Duration of Last Sickness,* One day.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Stephens

*Date of Burial.* Aug. 23rd John H. Rehlberger M. D.,

Medical Attendant.

*Undertaker,* G. Frank

*Place of Business,* Bank & Mary *Address,* 543 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9376 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 22 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22 nd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Hagen

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 1 *Years,* 6 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Salt City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } No. 98 E. Eastern Ave

*Cause of Death,* { First, (Primary,) Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* Aug. 23 82

*Undertaker,* G. Frana

*Place of Business,* Bank & Wolf

W. H. Daly *M. D.,*
Medical Attendant.

*Address,* 211 E. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

for Burials, to the Office whence issued. Se

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 9 Board of Health, City of Baltimore,

Permit No. 59377

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
22 2
02
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 21 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Juliet D. McCord

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 46 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 163 N Calvert St

*Cause of Death,* {First, (Primary,) ——— Second, (Immediate,) Cancer Utini (Medul.)

*Duration of last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 24th 1882

*Undertaker,* Thos. S. Hughes

*Place of Business,* 60 E Baltimore St

Jno. C. Benzine M. D.
Medical Attendant.

*Address* 1 E Lexington & Broadway Pharmacy

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. [illegible] & CO. CITY PRINTERS AND STATIONERS.

Keepers of Cemeteries ...
for Burials, to the Office whence issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

# Board of Health, City of Baltimore.

Permit No. 57378 *Office of Registrar of Vital Statistics.* Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG ... BALTIMORE

*Date of Death,* August 21st 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Meid.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 34 *Years,* ... *Months,* ... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Tailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and Number.} 36 Gilbert

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) Intestinal Hemorrhage

*Duration of Last Sickness,* Seven weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* August 22d 1882

D. M. Cathell M. D.,
Medical Attendant.

*Undertaker,* John Heneary

*Place of Business,* 382 Orleans St. *Address,* 2 W Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59379 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE

*Date of Death,* Aug 22

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Webb

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 21 *Days,*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 19 Richmond Av

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Inanition.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels Cem

*Date of Burial,* Aug 22

*Undertaker,* S W Chase

*Place of Business,*

Geo W Green M. D.,

~~Medical Attendant.~~

Address 60 N. Holliday

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Henry McKeown

[over.]

# Board of Health, City of Baltimore,

Permit No. 59380 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 22 1882 BALTIMORE

*Date of Death,* Aug 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Brown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* — *Days,*

*Color,* ed

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 178 Hughes St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 18 day's

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* Aug 22/82

*Undertaker,* F. A. Kirchner

*Place of Business,* 50 S. Carrollton *Address,*

*M. D.,* Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. A. Brown (Inspector)

# Board of Health, City of Baltimore.

Permit No. 57381 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emil Bast

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 8 *Years,* 7 *Months,* 12 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 1[illegible] Exeter

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Spinal Con

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial* Evergreen

*Date of Burial* Aug. 24 1882

*Undertaker,* Henry Saunders

*Place of Business* 202 Canton Av

J. H. Teagle, M. D.,
Medical Attendant.

*Address,* 218 Gough

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

"SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1

Permit No. 59382

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* August 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give name of parents.} Mary Agnes Joyce

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and number.} 168 Bank St

*Cause of Death,* First, (Primary.) Malignant disease of stomach

Second, (Immediate.) about Exhaustion from

*Duration of Last Sickness,* About One year

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick's

*Date of Burial,* Augt 24th 1891

Chas E Wilmot M.D.,
Medical Attendant.

*Undertaker,* M Clarke & Sons

*Place of Business,* 94 N. Amity St *Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

17

# Board of Health, City of Baltimore,

59383

Permit No.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Cissel

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 74 *Years,* 8 *Months,* 5 *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.} Widow

*Occupation,* Retired

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Harford County

*Duration of Residence in the City of Baltimore,* 50 Years

*Place of Death,* {Give street and number} 129 Fort Avenue

*Cause of Death,* First, (Primary.) Cancer

Second, (Immediate.)

*Duration of last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Aug 23rd 82

J H Potter M. D.
Medical Attendant.

*Undertaker,* Wm H Hickman

*Place of Business,* 2340 N Gay St

*Address,* 28 E Lee St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

... & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 57384 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 21st '82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Filmore Russell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* 1 *Months,* 20 *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Gas fitter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 33 yrs

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,) Septicaemia

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Four weeks.

All the above information should be furnished by the Physician.

*Place of Burial* Balto. Cemetery

*Date of Burial* Aug 23rd 82

C. W. Mitchell M. D.,
Medical Attendant.

*Undertaker,* Wm. H. Holderman

*Place of Business,* 224 N. Gay

Address, University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-7386 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 22th August 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michaël Christophe

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 90 *Years,* *Months,* *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germanie

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} asylum of the Little Sisters of the Poor cor: John and Valley St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) General Debility old age

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cimetery

*Date of Burial,* 24th August 1882

Dr. Rooke Boyle M. D.,

Medical Attendant.

*Undertaker,* Henry Schelttais

*Place of Business,* *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore

Permit No. 5-9386 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 22. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Corrigan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* 5 *Months,* 18 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and Number.} 11 E. Chew St.

*Cause of Death,* First, (Primary,) Pt Thru / Child brought from St. Vincents asylum. was sick when I got there

Second, (Immediate,)

*Duration of Last Sickness,* 2 or 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holly Cross

*Date of Burial,* Aug 24th

Geo. A. Northcutt M. D.,
Medical Attendant.

*Undertaker,* Geo. Schilling

*Place of Business,* Address, 305 N. Caroline St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

# Board of Health, City of Ba...

Permit No. 59387

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel [redacted] or Gibbs

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 51 *Years,* 0 *Months,* 0 *Days.*

*Color,* Dark brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Labor

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Co

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give street and number.} No 89 Canal st

*Cause of Death,* First, (Primary.) Unknown

Second, (Immediate.) Cardiac Dropsy

*Duration of Last Sickness,* Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* Aug. 23rd 1882

*Undertaker,* Wm H. Bishop Jr.

*Place of Business,* 97 N. Howard

B F Bohn M.D.,
Medical Attendant.

*Address,* cor Dolphin & Bond

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5 / 388 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 22nd 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Bonnecher

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number.} 80 Hill St.

*Cause of death,* First, (Primary,) Consumption.

Second, (Immediate,)

*Duration of Last Sickness,* About 9 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 24 [illegible]

*Undertaker,* Ernst Schlossser

*Place of Business,* 200 Sharp St. *Address,* Southern Dispensary.

J. W. White M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore

Permit No. 59689 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 22th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant, not named, give names of parents. } John Duncan Houck

*Sex,* Male ~~or Female.~~ { Cross out the word not required in this line. }

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 377 Druid Hill Ave.

*Cause of Death,* { First, (Primary,) Cholera Infantum
Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 4 wks.

All the above Information should be furnished by the Physician.

*Place of Burial* Green Mount

*Date of Burial* Aug 24th 1882

*Undertaker,* Wm Weaver.

*Place of Business,* 202 N Eutaw St

Eldridge C. Price, M. D.,
Medical Attendant.

Address, 262 Madison Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 5-9898 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 22/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Overdick

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 10 *Months,* 22 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 269 S. Dallas

*Cause of Death,* First, (Primary,) Measles

Second, (Immediate,) Double Pneumonia

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Aug 24th 82

*Undertaker,* G. F. France

*Place of Business,* 23 and 25 Hall

R. W. Mansfield M. D.,
Medical Attendant.

*Address,* 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 59391 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Brown

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* — *Months,* 0 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 50 Years

*Place of Death,* {Give street and Number.} 81 Eden St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Malarial Fever

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* Aug 24th 82

*Undertaker,* G. Frame

*Place of Business,* Bank & Wolf

E. J. [illegible] M. D.,
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 59892 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 22

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edward Clark

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* 7 *Months,* 2 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 101 S. Chappel St.

*Cause of death,* First, (Primary,) Scarletina

Second, (Immediate,)

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* Aug 24 1892 } J. McPherson M. D.,

*Undertaker,* G. Frank } Medical Attendant.

*Place of Business,* Bank & Pa } *Address,* 23 S. Chester St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9393 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Dunn

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and Number.} No 74 Exeter St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Old Age Diarrhoea

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* August 24 1882

*Undertaker,* James D Byrne

*Place of Business,* No 63 N Front St

Carl Mahon M. D.,
Medical Attendant.

*Address,* Exeter St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to this

# Board of Health, City of Baltimore,

Permit No. 9-7394 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 23 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Baker

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* *Days,*

*Color,* C

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} No 5 Marie Alley bet Mon & Bridge

*Cause of Death,* First, (Primary,) Scarlatina

Second, (Immediate,) "

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* West Baltimore

*Date of Burial,* Aug 23/82

*Undertaker,* H. A. Kirchman

*Place of Business,*

Geo. W. Brown M. D.,

~~Medical Attendant~~

Address, Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

2

# Board of Health, City of Baltimore,

**Permit No.** 5-9395

OFFICE OF REGISTRAR OF VITAL STATISTICS.

AUG 1882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah A. Bandel

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 72 *Years,* 11 *Months,* *Days.*

*Color,* White *Sex,* Female

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} Widow

*Occupation,* Dodress

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto Co Md

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} 180. East Pratt St

*Cause of Death,* First (Primary,) Enteritis

Second (Immediate,) 4 Weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* August 24th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway *Address* 71. Franklin St

H. A. McManus M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.

# Board of Health, City of Baltimore,

Permit No. 59396 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* August 24 / 1882

*Full Name of Deceased,* {Write name plainly, spell correctly. If an infant not named, give names of parents.} Bunker B. Taylor

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 124 E. Ave.

*Cause of Death,* First, (Primary.) Variola

Second, (Immediate.) Septicic mischief

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Schwartze Cemet.

*Date of Burial,* Augt 24. 1882

*Undertaker,* W. Dippel

*Place of Business,*

H. H. Link M. D.,
Medical Attendant.
*Address,* Balt. & Bank sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59397 *Office of Registrar of Vital Statistics.* Ward IV

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th/92

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Heinlich

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 8 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 119 Barre

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial.* August 26

C. A. Buddenbohn M. D.,
Medical Attendant.

*Undertaker,* B. Hauck

*Place of Business,* 82 Worth *Address,* 116 S Paca

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59398 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Thursday August 23 / 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand C. Appler

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} /

*Occupation,* Conductor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore & Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 507 Franklin St

*Cause of death,* First, (Primary,) /

Second, (Immediate,) Congestive Chill

*Duration of Last Sickness,* 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemy

*Date of Burial,* August 25th 1882

*Undertaker,* Denny Mitchell

*Place of Business,* 550 W Fayette St

Duncan Love M. D.,
Medical Attendant.

*Address,* 507 W Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

**Permit No.** 59399 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Spencer Bolden

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 52 *Years,* 8 *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Waiter in restaurant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Nearly all his Life

*Place of Death,* {Give street and number.} 98 Harmony Lane

*Cause of death,* First, (Primary,) Dropsy

Second, (Immediate,) Heart disease

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Cemetery

*Date of Burial,* August 24 1892

*Undertaker,* H Ross

*Place of Business,* 45 Conway st

H. F. Hill M. D.,
Medical Attendant.

*Address,* 443 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 39410

# Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPT. AUG 24 1882 BALTIMORE

*Date of Death,* Aug 22nd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Hester Parsley

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* 45 *Years,* — *Months,* " *Days.*

*Color,* W

*Married, ~~Single, Widow or Widower;~~* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Born Anne Arundel Co

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* { Give street and number. } 174 Dover St

*Cause of Death,* First, (Primary.) Chronic Dyspepsia

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shaft St Cemetery

*Date of Burial,* August 24 1882

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

W. W. Cotton M.D.,

Medical Attendant.

*Address,* 543 W Lombard

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

# Board of Health, City of Baltimore,

Permit No. 59401 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 23 August 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Ward

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 13 *Years,* 8 *Months,* ..... *Days,*

*Color,* Colored

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* house & Servant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Accomack co Va

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give street and Number.} 4. Pinkney alley

*Cause of Death,* First, (Primary,) Diphtheria et Gastritis

Second, (Immediate,) Exhaustion,

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* august 24 1882

*Undertaker,* H Ross

*Place of Business,* 95 Conway st

L. D. Dyer M. D.,

Medical Attendant.

*Address,* 146 Hill St

L. D. DYER, M. D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 59402 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 23rd '82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. S. Pickliu

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* One *Years,* Five *Months,* Thirty-seven *Days,*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} #178 Wilson al.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera infantum

*Duration of Last Sickness,* Five Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* august 24/882

*Undertaker,* H Ross

*Place of Business,* 95 Conway st

J. Tyler Smith M. D.,
Medical Attendant.

*Address,* 221 Barre St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 09403 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henley

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* 5 *Months,* ..... *Days,*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 72 Hargrove alley

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Phthisis Pulmonalis

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 24 1882

*Undertaker,* Wm Henley

*Place of Business,* 116 Mahaiwe St

J. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 594044 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 23 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Gibson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* / *Years,* 5 *Months,* — *Days.*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} —

*Occupation,* /

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 36 Mc Elderry St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption

*Duration of Last Sickness,* 7 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Md

*Date of Burial,* Aug 25th 1882

*Undertaker,* Thos J Locke

*Place of Business,* 473 Fleet St

Silas H. Hunter M. D.,
Medical Attendant.

*Address,* 36 Government Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 59465 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 22d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Krise

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* ..... *Months,* ..... *Days,* 1

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ..... 1

*Occupation,* Cabinet Maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 38 yrs

*Place of Death,* {Give street and Number.} No 4 Second St

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Inflamation of Bowels

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetri

*Date of Burial.* August 25 1882

*Undertaker,* John Gorman

*Place of Business,* 981 Orleans St *Address,* 33 Eutaw

C. J. Thomas M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore

Permit No. 59406 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 1882

## CERTIFICATE OF DEATH.

*Date of Death,* August 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Eules

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 9 M *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City - Life

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} Long Dock.

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Drowning

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Trinite Cemetery

*Date of Burial,* August 25 1882 Alexander Tinsley M. D.,

*Undertaker,* John Kennedy M[illegible]nt.

*Place of Business,* 382 Orleans St *Address,* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 59401 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas A Wallace

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* 5 *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and Number.} 52 Burgundy St

*Cause of Death,* First, (Primary,) ……

Second, (Immediate,) Typho malarial Fever

*Duration of Last Sickness,* ……

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cem

*Date of Burial,* August 25th

*Undertaker,* Wm J. Fickeur

*Place of Business,* 136 Camden

Jno S Blake M. D.,
Medical Attendant.

*Address,* 168 S Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

**Permit No.** 59408 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 24 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos J. O'Brocell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 2 *Days,*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} X 52 Sterrett St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* Sick 6 Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* Aug 25th 1882

*Undertaker,* Wm. J. Tickner

*Place of Business,* 136 Camden

*Address,* 38 & 40 Lombard St

N. L. Jenkins M. D.,

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No. 69409 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 24th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James M. Wade

*Sex, Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Tailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and Number.} 30 Spring St.

*Cause of Death,* First, (Primary,) Debility

Second, (Immediate,)

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* M. Vincents Cem

*Date of Burial,* Aug 26 1882

Geo. Fooke Boyle M. D.,

Medical Attendant.

*Undertaker,* Jno. D. Syms

*Place of Business,* 67 W. Mt. *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59410 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Burke

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single,~~ Widow ~~or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Seamstress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 46

*Place of Death,* {Give street and Number.} 158 Dan Street

*Cause of Death,* First, (Primary,) Chronic Bronchitis

Second, (Immediate.) & Bronchitis

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick

*Date of Burial,* Aug 25th 1882

*Undertaker,* Jos F Byrne

*Place of Business,* 59 N. Liberty St *Address,*

Chas O'Donovan M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 59411

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
3242
1882
BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 23rd, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Bantum

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 67 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Washerwoman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co.

*Duration of Residence in the City of Baltimore,* 40 yrs.

*Place of Death,* {Give street and number} 402 West St.

*Cause of Death* First, (Primary,) Consumption of Bowels (?)

Second, (Immediate,) Asthenia

*Duration of last Sickness,* about ten months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem.

*Date of Burial,* Aug 25th 1882

Eugene F. Cordell M. D.
Medical Attendant.

*Undertaker,* Wm. A. Gray

*Place of Business,* 65 Mulberry Street

*Address,* 125 N. Charles St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 5944 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 24 2 1882 BALTIMORE MD.

*Date of Death,* Aug 23rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine Donald

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* — *Months,* 24 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give street and Number.} S. W. Cor Mount & Fayette Sts

*Cause of Death,* First, (Primary,) Dysentery

Second, (Immediate,)

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* Aug 26 1882

*Undertaker,* J. O'Brien

*Place of Business,* 707 W. Balto St

Edwd F. Michael M.D., Medical Attendant.

*Address,* 283 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 9413.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 9413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24 '82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Vogt

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

*Age,* 6 *Years,* — *Months,* 17 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 11 Ramsay Alley

*Cause of Death* {First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Aug 28th 1882

*Undertaker,* J. B. Cook

*Place of Business,* 709 W. Balto St *Address,* 132 Fayette

Gelleraw M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 594414 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 24 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Howard

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* — *Years,* — *Months,* 16 *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 44 Diamond Alley

*Cause of Death,* First, (Primary,) Asthenia

Second, (Immediate,)

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 25 82

{ *Undertaker,* H. Jordan
{ *Place of Business,*

Geo. W. Benson M. D.,

Medical ~~Attendant~~

*Address,* Commissioners Hall

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 39410

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Morris.

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 5-8 *Years,* *Months,* *Days.*

*Color,* White.

*Married, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Annapolis. Md.

*Duration of Residence in the City of Baltimore,* 2 1/2 yrs.

*Place of Death,* {Give street and number} 76 Charles St. Ave.

*Cause of Death,* First, ~~(Primary,)~~ Apoplexy.

Second, (Immediate,) Coma.

*Duration of last Sickness,* ~~He~~ has been ill for about 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* August 26/1882 E. Cleveland Cox M. D.

Medical Attendant.

*Undertaker,* J. Foley & Son

*Place of Business,* 41 Hanover St. *Address,* No 2 Mount St. Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 59416 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Hance

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* ——— *Months,* 5 *Days.*

*Color,* White

*Married,* ~~Single,~~ ~~Widow~~ or ~~Widower.~~ {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 122 N. Central Ave.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* One year & six months

All the above information should be furnished by the Physician.

*Place of Burial* Baltimor Cemt.

*Date of Burial,* August 27. 1882

*Undertaker,* F. Hafemann

*Place of Business,* 63 N. Eden St. Address, 105 N. Central Ave

Francis A. Sinex M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 09117 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 82.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Schumminger

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* —— *Years,* 5 *Months,* 10. *Days,*

*Color,* W.

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* ——

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 11 Rockd.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* Augt 26 1882

Louis Klein M. D., Medical Attendant.

{ *Undertaker,* Wm F Kummant
{ *Place of Business,* 312 Mulberry Address 312 Mulberry Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

No 2948

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 5948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death;* August 24/92.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William James

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* ____ *Years,* ____ 5 *Months,* ____ 12 *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Nurse

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } 15 Jenkins alley

*Cause of Death,* First, (Primary,) Enteritis — Colitis

Second, (Immediate,) " "

*Duration of last Sickness,* about a month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 25, 92

*Undertaker,* Alex Shemsky

*Place of Business,* 116 Orchard St

K. K. Fletcher M. D.
Medical Attendant.

*Address,* 202 W. Pratt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GUILBERT & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 39419 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Schlegle

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* 7 *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt^m

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number.} 178 S. Caroline

*Cause of death,* First, (Primary,) Cholera infantum

Second, (Immediate,) severe vomit

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Wentworth

*Date of Burial,* Aug 25

*Undertaker,* J. D. Gore

*Place of Business,* 157 E Balt^m

R. O. Antem M. D.,
Medical Attendant.

*Address,* 125 Eds

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Spec[illegible]ician is respectfully invited to the Memoranda Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

**Permit No.** 59420 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ricky

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 92 *Years,* 11 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Widow

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md

*Duration of Residence in the City of Baltimore,* Entire life time.

*Place of Death,* { Give street and Number. } 58 E Pratt St.

*Cause of Death,* First, (Primary,) Old age

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Several weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* August 27 " 1882

*Undertaker,* Geo W Spence

*Place of Business,* 195 N Eutaw

R W Gatchell M. D.,
Medical Attendant.

*Address,* 2 W Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2777

# Board of Health, City of Baltimore,

Permit No. 59421 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE AUG 25 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Auguste Graf

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 29 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 431 N. Balto. St.

*Cause of Death,* First, (Primary,) Marasmus.

Second, (Immediate.)

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Aug. 26th.

*Undertaker,* John Teufel

*Place of Business,* 796 W. Balto. *Address,* 170 S. Sharp St.

Wm Ernhut M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 39422

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 25 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Lerier

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Watchmaker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Talbot County

*Duration of Residence in the City of Baltimore,* ~~Life~~ 40 yrs.

*Place of Death,* {Give street and number.} #75 N. Howard St.

*Cause of Death,* First, (Primary.) General Debility

Second, (Immediate.) Old Age

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Aug. 26 1882

A. Bol. Colburn M.D.,
Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St. *Address,* 343 W. Lombard St.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59423 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25th/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert L Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* —— *Years,* 2 *Months,* 20 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Liberty

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and Number.} 501 W. Fayette St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Aug 26 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St. *Address,* 168 S Paca St

Jno L Blake M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

# Board of Health, City of Baltimore,

Permit No. 59424 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Wagner

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 8 Months, Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 1124 S. Durham St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* 1 Da

All the above Information should be furnished by the Physician.

*Place of Burial,* N. Michaels Cem.

*Date of Burial,* August 25 1882

H. Sander & Son

*Undertaker,*

*Place of Business,* 252 Forest Ave. *Address,* 324 S. Broadway

H. Keating M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 59425 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 25, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A Barton

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 211 E. Fayette St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Apoplexy,

*Duration of Last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Augst. 27. 1882

*Undertaker,* Thos S. Hughes

*Place of Business,* 60 E Balto St. *Address,* 55 E Balto St

J. N. Monch M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59426 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Micheal Kessler

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 70 *Years,* 7 *Months,* 7 *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* ~~Carpenter~~ Wheelwright

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Frederick County Maryland

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give street and Number.} 34 Argyle ave

*Cause of Death,* First, (Primary,) Hemiplegia

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Seven weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 26

*Undertaker* Meeth & Shields

*Place of Business,* 60 N Carrollton ave

Jas. E. Gibbons M. D., Medical Attendant.

*Address,* 47 Edmondson ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57427 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 25 1882

*Date of Death,* August 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Ann Watkins

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 19 *Days,*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 91 N. Amity

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Augt 25/82

*Undertaker,* Wm Gray

*Place of Business,* 165 Mulberry *Address* Com'l & Hall

Geo. W. Dixon M. D.,
~~Medical Attendant.~~

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

E. Wineman

# Board of Health, City of Baltimore,

Permit No. 57428 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25 - 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Ames

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 82 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Drayman

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Kent Co. Md.

*Duration of Residence in the City of Baltimore,* 13 Years

*Place of Death,* { Give street and Number. } #168 N. Spring St

*Cause of Death,* { First, (Primary,) Cholera Morbus { Second, (Immediate,) Enteritis.

*Duration of Last Sickness,* Five Days -

All the above Information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* August 26 1882

*Undertaker,* William J. Singer

*Place of Business,* 62 East Lee

Geo H. Dayton M. D.,
Medical Attendant.

*Address,* 222 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59429 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Goodwin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 35 *Days,*

*Color,* Whi-

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balti

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 67 1/2 S. Central ave

*Cause of Death,* First, (Primary,) Inanition

Second, (Immediate,)

*Duration of Last Sickness,* 15

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* August 25

*Undertaker,* Jacob Thrasher

*Place of Business,* 67 1/2 S. Central ave

Geo. Raymond M. D.,
Medical Attendant.

Address, Cor Fremont St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 20430

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 57430

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 25 2 1922 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Thompson

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Wash Woman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 16 yrs

*Place of Death,* {Give street and number} 312 S Howard

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption of Bowels

*Duration of last Sickness,* Eleven months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* aug 26 1922

Ellis Michaux *M. D.*
Medical Attendant.

*Undertaker,* H Ross & Co

*Place of Business,* 95 Conway St *Address,* 158 S Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. K. FULTON & CO., CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 37431 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Donahoe

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 88 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Harford Co

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and Number.} 1333 N. Caroline St

*Cause of Death,* First, (Primary.) Cerebral Hemorrhage

Second, (Immediate,) Stroke

*Duration of Last Sickness,* Six (6) Days

All the above information should be furnished by the Physician.

*Place of Burial* Haven de Grace Harford Co

*Date of Burial,* Aug 26 do

*Undertaker,* Taylor Bro

*Place of Business,* 711 Broadway

Geo G. Taylor M. D.,
Medical Attendant.

*Address,* 222 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

2778 Trans

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

Permit No. 59452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johnnie Kelly

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 1/4 *Months,* *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Baby

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* 2 yrs, 10 M

*Place of Death,* {Give street and number.} 300 Raborg St

*Cause of Death,* First, (Primary.) Tuberculous Meningitis

Second, (Immediate.) Collapse

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 26 1882

*Undertaker,* William Doniger

*Place of Business,* No 62 East St

L L Billing M.D.,

Medical Attendant.

*Address,* 467 W. Fayette St

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 59433

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 25 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt. 24th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eldridge Purdy.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 11. *Months,* 23 *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and number.} #2 Kepner's Ct.

*Cause of Death,* First, (Primary.) Diphtheria -

Second, (Immediate.)

*Duration of Last Sickness,* 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Montfort Cemetery

*Date of Burial,* Augt 26 1882

*Undertaker,* William Murphy

*Place of Business,* No 62 East St

Hector K. Goodman M.D.,
Medical Attendant.

*Address,* 64 W. Lombard St.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Memoranda below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 59434 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Wilson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days,*

*Color,* C

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* H. Carrier

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* 55 yrs

*Place of Death,* {Give street and Number.} No - 244 Ruby St.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Bronchitis.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpest Cemetery

*Date of Burial,* Aug 26 1882

*Undertaker,* William Dyson

*Place of Business,* No 62 East St

C. W. Neff M. D.,
Medical Attendant.

*Address,* 306 N. Gay St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5/1435 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Magdalene Grimes

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 7 *Months,* 16 *Days.*

*Color,* ~~Col~~ ——

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} Forrman's Court - near Monument

*Cause of death,* First, (Primary,) Broncho Pneumonia

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* About a month

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 26th 1882

*Undertaker,* William Young

*Place of Business,* No 62 East 4th

C. C. McDowell M. D.,
Medical Attendant.

*Address,* 642 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 69436 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Lodwig

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 73. *Years,* — *Months,* — *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give street and Number.} 662 Light St.

*Cause of Death,* First, (Primary.) Chronic Diarrhea

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* August 26 Theodore Ortle M. D.,

Medical Attendant.

*Undertaker,* B. Flarty

*Place of Business,* 82 West St. *Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

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# Board of Health, City of Baltimore,

Permit No. 57437

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* August 23 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Daniels

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 6 *Years,* 10 *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 218 Light St

*Cause of Death,* First, (Primary.) Malarial Fever

Second, (Immediate.) Exhaustion & Convulsions

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 25

*Undertaker,* B. Hurle

*Place of Business,* 42 West St.

C. B. Noble M.D.,
Medical Attendant.

*Address,* 58 Warren Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

15

# Board of Health, City of Baltimore,

Permit No. 59438

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 25 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clifford Daniels

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } Male

*Age,* — *Years,* 11 *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. } — — —

*Occupation,* — — —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number. } 218 Light St

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 29

*Undertaker,* B Mark

*Place of Business,* 42 West St.

H. B. Noble M.D.,
Medical Attendant.

*Address,* 58 Warren Av

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...spectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59489 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Weldner

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 9 *Years,* 7 *Months,* 6 *Days,*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* School-girl

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} B. Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 195 S. Sharp St.

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Blood poisoning

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cemetery

*Date of Burial,* August 27

Wm Gouhel M. D., Medical Attendant.

*Undertaker,* Ernst Fahlenkam

*Place of Business,* 200 Sharp St *Address,* 170 S. Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25 2 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Neier

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

*Age,* 26 *Years,* — *Months,* 2 *Days.*

*Color,* White

~~*Married,* Single, *Widowed,* Widower,~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Italy Lyerking

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 135 Forest

*Cause of Death,* First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Hemorrhage

*Duration of last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Little Country

*Date of Burial,* Aug. 27 2 82

*Undertaker,* Geo Weller

*Place of Business,* Orleans & Eden

Geo Weller, M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTING AND STATIONERY.

...of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

**Permit No.** 594441 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 25 2
1882
BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 24 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Carter

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Eighty-nine *Years,* — *Months,* — *Days,*

*Color,* Black

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Two Years

*Place of Death,* {Give street and Number.} 192 Warner St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Old Age

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* Aug 26 1882

*Undertaker,* S H Chase Jr

*Place of Business,* 198 Shroeder

J. Tyler Smith M. D.,
Medical Attendant.

*Address,* 221 Barre St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2 *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59442 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis J. Adt

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* 4 *Months,* 5 *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,* Brewer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bravaria

*Duration of Residence in the City of Baltimore,* 6 Months

*Place of Death,* {Give street and Number.} 382 Eastern Ave, Balt.

*Cause of Death,* First, (Primary,) Coald & Congestion of Lungs

Second, (Immediate,) Followed by Hemorage of Lungs

*Duration of Last Sickness,* & Sinch 3 3 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Mass

*Date of Burial,* Aug 27 1882

H. E. Hoult M. D.,
Medical Attendant.

{*Undertaker,* H. Sanderson

*Place of Business,* 252 Centre Ave Address,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

# Board of Health, City of Baltimore,

Permit No. 59148 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 2 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 26th 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Conrad Busch

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 2 *Years,* 1 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* 1 Year

*Place of Death,* { Give street and Number. } 1102 Canton Ave.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial* Mt. Evergreen

*Date of Burial,* Aug 26 1892

*Undertaker,* Henry Sander

*Place of Business,* 1102 Canton Ave

Geo. D. Gatti, *M. D.,*
Medical Attendant.

*Address,* 1102 Baltimore Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 594444 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Dial

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 10 *Months,* ... *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Native

*Duration of Residence in the City of Baltimore,* 11 Years

*Place of Death,* {Give street and number.} 117 North Amity St

*Cause of Death,* First, (Primary.) Convulsions

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 26th 1882

*Undertaker,* Wm. H. Bishop Jr.

*Place of Business,* 97 N. Hill Avenue

W. W. Anthim M.D.,
Medical Attendant.

*Address,* 172 Franklin

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57445 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 24th, 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Haretzek

*Sex, Male or Female,* { Cross out the word not required in this line. } Male Haretzek

*Age,* 75 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,* Laborer.

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany.

*Duration of Residence in the City of Baltimore,* Two years.

*Place of Death,* { Give street and Number. } 103 Lancaster St.

*Cause of Death,* First, (Primary,) Dropsy accompanied

Second, (Immediate,) by Cardiac disease.

*Duration of Last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* August 26 1882

*Undertaker,* John Keenan

*Place of Business,* 782 Orleans

John H. Kehlenger M. D., Medical Attendant.

*Address,* 543 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...on of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE REGISTRAR AUG 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Schultz

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~ *Years,* 6. *Months,* ~ *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,* ~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* as above

*Place of Death,* {Give street and number.} 286 N. Wolf St 286

*Cause of Death,* {First (Primary,)} Entero-colitis

{Second (Immediate,)} Adynamia

*Duration of Last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alfonsus Cemetri

*Date of Burial,* August 26 1882

B. F. Grove M. D.
Medical Attendant.

*Undertaker,* John Keenan's

*Place of Business,* 34 Collegers St

*Address* 128 Chew St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of . . . . is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59447 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Adams

*Sex,* ~~Male~~ *Female,* { Cross out the word not required in this line. }

*Age,* 4 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } 87 E. Eastern

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* Aug 26 1882

*Undertaker,* G. France

*Place of Business,* Bank & Wash. *Address,* Balt. & Wash.

Th. E. Cook M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59448 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick & Mary McGuire (Parents)

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 5 Hours ~~Days~~,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 6 Hubbard Alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Premature Birth

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* E. B. Public Cemetery

*Date of Burial,* August 26/82

*Undertaker,* Michael Coleman

*Place of Business,*

Geo. W. Dawson M. D.,
Medical ~~Attendant~~.

Address 6 Hubbard Alley

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59449 *Office of Registrar of Vital Statistics.* Ward 11 K

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25. 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Selvia Dennis

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 8 *Years,* 9 *Months,* *Days.*

*Color,* Colored

*Married, Single,* ~~Widow or Widower,~~ { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 3 Pear alley Doctor Worke

*Cause of Death,* First, (Primary.) Unknown - Violent vomiting after eating crabs yesterday - when first seen by me to day was in collapse & died shortly after - One day -

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* August 27th 1892

*Undertaker,* Wm. James Gray

*Place of Business,* 65 Mulberry

H. E. Attmeier M. D.,
Medical Attendant.

*Address,* 223 Madison Av.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59450

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hamil L Bailey

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 86 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Co Md

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give street and number.} 603 Bond st

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.)

*Duration of Last Sickness,* two or three years

All the above information should be furnished by the Physician.

*Place of Burial,* Holly Cross

*Date of Burial,* Aug 27th

*Undertaker,* Geo Schilling.

*Place of Business,*

M B Billingslea M.D.,
Medical Attendant.

*Address,* 256 E Preston st

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59451 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25-1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Handy

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 15 *Months,* ..... *Days,*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } S

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Co Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 19 ½ monument

*Cause of Death,* First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holly Grove

*Date of Burial,* Aug 26th

*Undertaker,* Geo. Schilling

*Place of Business,*

Geo Lynch M. D.
Medical Attendant

Address, Cor Eutaw & Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No. 59462 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. AUG 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanora Smith

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Fourteen *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give street and number.} 33 Church st

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* about One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug. 26/82

*Undertaker,* Geo. W. Perkins

*Place of Business,* 130 Henrietta St *Address,* Southern Dispensary

Julius Dall M. D.,
"Medical Attendant.
7th Hill st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Blank Licenses on back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 59453 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25 — 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhardt Brinkmann

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days.*

*Color,* W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} cor S. Howard St & Wilcome ay

*Cause of death,* First, (Primary,) Phthisis

Second, (Immediate,) asthma

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Aug 27th

*Undertaker,* F. N. Wells

*Place of Business,* 131 Hanover St

D. Kirkbride M. D.,
Medical Attendant.

*Address,* Light St near Lee.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59457 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 2 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Rising

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* Ten *Months,* *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 488 Hartford Avenue

*Cause of Death,* First, (Primary,) Teething

Second, (Immediate,) Congestion of the lungs and throat.

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Pattenson Cemetery

*Date of Burial,* 28th Aug

*Undertaker,* Adam Funk

*Place of Business,* 431 N. Gay St

Milton A. Taylor M. D.,
Medical Attendant,

*Address,* Broadway & McElderry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59455 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Schuhman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 10 *Years,* 0 *Months,* 0 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md since Birth.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} # 245 S. Bond St.

*Cause of Death,* First, (Primary,) Internal convulsions

Second, (Immediate,)

*Duration of Last Sickness,* One day.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* Aug 27

*Undertaker,* [illegible]

*Place of Business,* 134 E. Balto

John H. Rehberger M. D., Medical Attendant.

Address, 243 Aliceanna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

**Permit No.** 69456

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 26 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Peter

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 3 *Months,* 2 *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and number.} 409 N. Strieker St

*Cause of Death,* First, (Primary.) Enteric Colitis

Second, (Immediate.) Uraemia

*Duration of Last Sickness,* 10 da

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* August 26th 1882

*Undertaker,* Chas T Scriven

*Place of Business,* 211 N Eutaw St

M. E. Hunt M.D.,
Medical Attendant.

*Address,* 409 N Strieker St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physician is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59457 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Sailor

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* — *Days,*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 80 N. Dallas st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Brain Fever

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,*

*Undertaker,* F. J. Locke

*Place of Business,*

Geo. F. Dixon M. D.,

~~Medical Attendant~~

*Address,* Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

George Rowland Sanitary Inspector

# Board of Health, City of Baltimore,

Permit No. 69438 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura S. A. Smith.

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 444 Division St

*Cause of death,* First, (Primary,) Phthisis Pulm

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 7 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 26 1882

*Undertaker,* E B Cook

*Place of Business,* 707 West Balto St

J. Riecker M. D.,
Medical Attendant.

*Address,* 526 Pine

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59459 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 26th. August 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Gottlieb Klingelhöfer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* — *Months,* — *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~~

*Occupation,* ~~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* 1 year 5 months

*Place of Death,* {Give street and Number.} Captain's Street 171.

*Cause of Death,* First, (Primary,) Diphtheritis

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial* Emanuel Cem

*Date of Burial,* Aug 27. 1882

*Undertaker,* H. Stander & Son

*Place of Business* 252 Eastern Ave

William Henkel M. D.,
Medical Attendant.

*Address,* S. Wolfert. 114.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...s on back of this Certificate.

...epers of Cemeteries in City of Baltimore will make returns of all Permits ...

# Board of Health. City of Baltimore,

Permit No. 59760 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 26 1882 BALTIMORE

*Date of Death,* Aug 25th 9½ A.M. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Eyphandt

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ... *Years,* 13 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } X X X

*Occupation,* X X X

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 106 S. Duncan Alley

*Cause of Death,* First, (Primary,) Whooping Cough & Cholera Infantum

Second, (Immediate,) Exhaustion -

*Duration of Last Sickness,* Three Months.

All the above information should be furnished by the Physician.

*Place of Burial* Mt. Carmel Cem

*Date of Burial,* Aug. 26 - 82

*Undertaker,* H. Snyder Son

*Place of Business,* 202 Caton Ave

James E. Donnelly M. D., Medical Attendant.

*Address,* 299 E. Balto. St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physician is respectfully invited to the Memoranda Below, And to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59461 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1882,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roberta Beers

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days,*

*Color,* (Afric) colored,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 210 Dallas st

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Lownil cemetery

*Date of Burial,* Aug 27.

*Undertaker,* Theo J Locks

*Place of Business,* 703 Jefferson st

Nicholas L. Dashiell, M. D.,
Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59464

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

AUG 26 1882

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Mathew Kenny

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 11 *Months,* 7 *Days.*

*Color,* White

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} No 79 S. Green

*Cause of Death,* First, (Primary.) ...

Second, (Immediate.) Malaria

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks City.

*Date of Burial,* Aug 27th 1882

*Undertaker,* John Thacher

*Place of Business,* No 150 Lemmon

Pembr H. M. Hemble M.D.,
Medical Attendant.

*Address,* No 705 N. Lombard

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenevet any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59463 *Office of Registrar of Vital Statistics.* Ward 17.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Upperman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 102 *Years,* *Months,* *Days,*

*Color,* Black

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housework

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Caroline County Md.

*Duration of Residence in the City of Baltimore,* Life Years

*Place of Death,* {Give street and Number.} No 11 Walnut alley

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 27th 1882

*Undertaker,* E. Stephas

*Place of Business,* 21 Vine St

W. K. Merrick jr M. D. Medical Attendant.

Dr. H. Dec

*Address,* Cor. Eutaw & Pratt Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except [illegible] of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59464 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 26 2 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sara Koenig

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* 8 *Months,* *Days,*

*Color,* white

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 2 25 Years

*Place of Death,* {Give street and Number.} 262 N. Eutaw Ave

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* several years

All the above information should be furnished by the Physician.

*Place of Burial,* N. Dames Ch.

*Date of Burial,* August 28 1882

*Undertaker,* Henry Hock

*Place of Business,* 36 E. N. Eutaw St. *Address,* 257 Maryland

H. Haines *M. D.,* Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; also the births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59465 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 26 1882 BALTIMORE

*Date of Death,* Aug. 26th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johnnie Clarke

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 3 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } No 89 3½ Eastern av

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) Cirrosis of Liver

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Forrest Gm.

*Date of Burial,* August 26th 1882

*Undertaker,* H M Gilmore

*Place of Business,* No 341 Eastern av

Wm J Gratty M. D., Medical Attendant.

*Address,* 348 Eastern av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the ... the Undertaker or other ... Burial, a Certificate setting forth as far as the same can be ... name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of ... ths and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57466 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Carney

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 42 *Years,* 3 *Months,* 26 *Days,*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 10 or 12 Years

*Place of Death,* {Give street and Number.} 211 Ramsay St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Pleuro Pneumonia

*Duration of Last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Aug 29 82

*Undertaker,* Jno A McCoy

*Place of Business,* 422 Hoffman

Wm Chew M. D., Medical Attendant.

*Address* 582 N Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59467 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 26th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leena Joekel

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 3 *Years,* 6 *Months,* 13 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and Number.} 108 Russell St.

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate.) Malignant Sore Throat

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetry

*Date of Burial,* Aug. 28th 1882.

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518 W. Baltimore St.

Geo. Smith M. D.,
Medical Attendant.

*Address,* 28 S. Charles

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59468 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 27 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Kodenski

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 0 *Months,* 0 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} 194 Alice Anna St

*Cause of Death,* First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

*Duration of Last Sickness,* One week

All the above Information should be furnished by the Physician.

*Place of Burial,* Cath. R.C. Cemetery

*Date of Burial,* Aug. 27th 82 Dr Lud. H. Rehlaender M. D.,

Medical Attendant.

*Undertaker,* G. France

*Place of Business,* Bank & Wolf *Address,* 142 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59469 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

AUG 27 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 26th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emanuel Gruber

*Sex, Male or Female,* { Cross out the word not required in this line. } Male Gardner

*Age,* 4 *Years,* *Months,* 26 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 1045 Eastern Ave

*Cause of Death,* First, (Primary,) Cerebral

Second, (Immediate,)

*Duration of Last Sickness,* One Day

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial.* Aug 27th 82

*Undertaker,* G. Franca

*Place of Business,* Bond & Wolf *Address,* 1548 Aliceanna

W. H. Gatch *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No 59470

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59470 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

VITAL STATISTICS DEPARTMENT AUG 27 1882 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 26 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Meier

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* 9 *Months,* 2 *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and Number.} 257 Hamburg St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem

*Date of Burial,* Aug: 28th 82

*Undertaker* R. F. Sill

*Place of Business,* 183 Columbia ave

Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59471 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 26th of August 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Farber. (Bro Isidore)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Sixty Eight (68) *Years,* ..... *Months,* ..... *Days,*

*Color,* White -

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Religious order -

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* Twenty two years -

*Place of Death,* {Give street and Number.} St Alphonsus Rectory. Saratoga St.

*Cause of Death,* First, (Primary,) Intestinal obstruction -

Second, (Immediate,) Suffocation - from Gastric Repletion.

*Duration of Last Sickness,* about 4 days -

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Aug 28 1882

*Undertaker,* A Rosenberger

*Place of Business,* 70 Mulberry St

McC Van Bibber M. D.,
Medical Attendant.

*Address,* 47 Franklin St -

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No 5942

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5942 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 26.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daughter of Joseph & Sophia Kelly

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 9 Days.

~~Color~~, colored.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 117 Druidhill Av.

*Cause of death,* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel County

*Date of Burial,* August 27 82

*Undertaker,* Alex Hendry

*Place of Business,* 116 Lombard St

John J. Litzee M. D., Medical Attendant.

*Address,* 160 Saratoga ste

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59473. *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 27 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 26 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Kelly

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 32 yrs.

*Place of Death,* {Give street and Number.} 8 Concord St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Injuries - Bank of Earth falling on him

*Duration of Last Sickness,* 3 hours. and a half.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* august 1882

*Undertaker,* Joseph F. Byrne

*Place of Business,* 59 n Liberty

Alexander Tinley M. D.,
~~Medical Attendant.~~
Coroner

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 69474 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 27 '82 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 25, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Dubant

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Druggist

*Birthplace,* {State or country, and now long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 1 N. Front St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Brights disease

*Duration of Last Sickness,* 3 weeks,

All the above Information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* Monday Aug 28th

*Undertaker,* J. H. McCormick

*Place of Business,* 22 W. Fayette St. *Address,* 75 E. Balto. St.

I. N. Hauck M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 59475 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 27 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26=1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George. Louis G

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* 1 *Months,* 14 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 144 S" & Charles St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Cholera Infantum

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Pub" Cem

*Date of Burial,* Aug 27=1882

*Undertaker,* F. A Kerchner

*Place of Business,*

Geo. H. Dixon M. D.,

Medical Attendant.

Commission of Health

*Address,* Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

47 Geo. E. Dunning

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57476 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1882 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 26

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Donnelly

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 10 *Years,* One *Months,* *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt. February

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and Number. } Hulbert St. near Nicholson

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Collapse

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Aloysius

*Date of Burial,* Aug 29 1882

*Undertaker,* C. O'Brien

*Place of Business,*

D. J. Winslow M. D., Medical Attendant.

*Address,* 1/2 So. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59477 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
AUG 27 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 25 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Brannon

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Sailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Long Dock.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Aug 27 1882

*Undertaker,* C F Krause

*Place of Business,* 209 Hanover *Address,* Conn

Alexander Duncan M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Vol 47 p 1

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

REGISTRAR'S DEPARTMENT SEP 27 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Horace Hicks

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* North B Patterson ave

*Place of Death,* {Give street and number.} No 350 N. Stricker St East side

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Phthisis Pulmonalis

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Vienna Dorchester Co Md

*Date of Burial,* 28 inst

*Undertaker,* C H Blizard

*Place of Business,* 198 Penna ave

*Address* Edwin S Thomas M.D. Harford & Boundary Ave Balt

M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

2779

...on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5949 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 2 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 27/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Stevens

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* 2 *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ...

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} Keyser St. above Washington

*Cause of Death,* First, (Primary,) Colitis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 5 hours

All the above information should be furnished by the Physician.

*Place of Burial* Balt. Cemetery

*Date of Burial,* Augt 28 1882

*Undertaker,* John W Jackson

*Place of Business,* Cor Carlin & Gay Sts *Address,* 222 N Broadway

Geo. H. Dayton — M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

No. 19480,

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 19480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas J Edward & Mary E Straney

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 1 hour *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 399 Saratoga St.

*Cause of Death,* First, (Primary,) Unknown -

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 28/82

*Undertaker,* M. Cadigan

*Place of Business,*

J. W. C. Geddes, M. D.
Medical Attendant.

*Address,* 137 W. Carrollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59481 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 26 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Gorden Franklin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* *Days.*

*Color,* black

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 34 Jordan alley

*Cause of death,* First, (Primary,) measles

Second, (Immediate,) convulsions

*Duration of Last Sickness,* one week.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 28 1882

*Undertaker,* Wm J Gray

*Place of Business,* 65 mulberry st

G Lane Tamphrie M. D.,
Medical Attendant.

*Address,* 129 W Biddle.

N.B. I did not see this child in its sickness; was told that several of the children have measles in the same house; visited the house after the death of the child, and find it to be a very mild case of measles. Respectfully G Lane Tamphrie

HEALTH DEPARTMENT AUG 28 1882 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully ... to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59482 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
1882
BALTIMORE

*Date of Death,* August 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta H. Ritz

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* ~~2~~ *Months,* 21 ~~*Days,*~~

*Color,* White

*Married,* ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the word not required in this line.} Married

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

*Duration of Residence in the City of Baltimore,* 7 months

*Place of Death,* {Give street and Number.} No 254 Hillsdale St

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) — Pulmonalis

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Aug, 28th 1882

Thomas J. Evans. M. D.,
Medical Attendant.

*Undertaker,* H. Sanderson

*Place of Business,* 252 Canton Av

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is also respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 59483 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 27th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Burke

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 10 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } No 122 Eastern Ave

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,)

*Duration of Last Sickness,* 9 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Evergreen Cem

*Date of Burial,* Aug. 28 1882

*Undertaker,* H. Sunderland

*Place of Business,* 252 Eastern Ave *Address,*

D. L. Luthy, *M. D.,* Medical Attendant.

Address, 248 Eastern Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 594484

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 26 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. H. Daniels Jr

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 4 *Years,* 3 *Months,* — *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } #218 Light St

*Cause of Death,* First, (Primary.) Malignant Diptheria

Second, (Immediate.) —

*Duration of Last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Evergreen

*Date of Burial,* August 29

*Undertaker,* J. Healy

*Place of Business,* 42 West St

G. B. Noble M.D.,
Medical Attendant.

*Address,* 50 Warren Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

5780

...no Burials, to the Office whence issued Saturday of each week. No. 1480

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

Permit No. 59485 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 26. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Sweeney

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 1 *Months,* —— *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 4 Gold Lane

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Govanstown

*Date of Burial,* Aug. 28th

*Undertaker,* B. Hale

*Place of Business,* No. 82 West St.

Thomas Coffin M. D., Medical Attendant.

*Address,* 146 Saratoga St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2783

for Burial in the Of... No. 17,486

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

Permit No. 59486 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Walter Simmons

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 9 *Months,* 5. *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 10 Bunday St. (Canton)

*Cause of death,* First, (Primary,) Dentition. Summer Diarrhoea

Second, (Immediate,)

*Duration of Last Sickness,* Five months.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemtry

*Date of Burial,* 28th August 1882

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Mill Ann.

A. J. Gouvellon M. D.
Medical Attendant.

*Address,* 253 Eastern Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials to the Office whence issued Saturday of each week. No. 59487

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59487 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 27th. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hagedorn

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 11 *Years,* 10 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give street and Number.} N 326 Canton av.

*Cause of Death,* First, (Primary,) Variola.

Second, (Immediate,)

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* August 28 1882

*Undertaker,* John Heneiy

*Place of Business,* 382 Orleans St

John H. Redberg M. D., Medical Attendant.

*Address,* 443 Aliceanna

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention Keepers of Cemeteries in City of [illegible] will make returns of all Permits [illegible] on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 69488 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Stinnett

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* 9 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Easton Co. Md.

*Duration of Residence in the City of Baltimore,* One year

*Place of Death,* { Give street and Number. } 24 Constitution St.

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 28th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave

G. G. Luck M. D., Medical Attendant.

*Address,* Balt. & Ingleside

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attent[illegible] Keepers of Cemeteries in City of Baltimore will make returns of all Permits [illegible] of this Certificate [illegible] day of each week

# Board of Health, City of Baltimore,

Permit No. 59489

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Hatten

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 73 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* {Give street and number.} 42 Franklin St

*Cause of Death,* First, (Primary.) Asthma

Second, (Immediate.)

*Duration of Last Sickness,* Abt 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* August 28th 1882

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw

Robt H. Kinsey, M.D.,
Medical Attendant

*Address,* 332 W Fayette St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keeper's ... 89490,

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 89490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Virginia Whittington

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* ____ *Years,* ten *Months,* one *Days.*

*Color,* black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} No 7 Hanover st

*Cause of Death,* First, (Primary.) Enteritis - colitis

Second, (Immediate,)

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* august 28 1882

*Undertaker,* H Ross Sons

*Place of Business,* 95 Conway st

W. C. Sandrock M. D.
Medical Attendant.

*Address,* 227 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

for Burials, to the Office where issued Saturday of each week

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 56491 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 7 2 3 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Parker

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* .... eleven *Months,* fourteen *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Penn St # 41

*Cause of Death,* First, (Primary,) Capilary Bronchitis

Second, (Immediate,)

*Duration of Last Sickness,* five days.

All the above information should be furnished by the Physician.

*Place of Burial,* W. B. Public Cemty

*Date of Burial,* Augt 29/82

*Undertaker,* F. A. Kershner

*Place of Business,*

C. W. Mitchell M. D.,
Medical Attendant.

*Address,* University Hospital.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2 *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over.}

for Burials to the Office whence issued Saturd... Permits

The Special Attenti... ...Physicians to Inspect... ...Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59492 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26th 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents } Mary Ellen Davis

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 19 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } 3 Dawson Alley

*Cause of Death,* { First, (Primary,) — Second, (Immediate,) Typhoid Fever

*Duration of Last Sickness,* Six Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* Aug 28th

*Undertaker,* Geo. W. Perkins

*Place of Business,* 130 Henrietta *Address,* 168 Race

Jno. D. Blake M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

20

...ty of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week.

No. 59493

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 26. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward W. Griffith.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 19 *Years,* 4 *Months,* ..... *Days.*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Student.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 236 N. Carey St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Typho-Malarial Fever

*Duration of last Sickness,* 3 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* August 29th 1882

J. W. C. Cuddy, *M. D.*
Medical Attendant.

*Undertaker,* D. Jones & Wilcox

*Place of Business,* 55 & 57 Fayette

*Address,* 137 N. Carrollton Av.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Baltimore will make returns of all Permits

for Burials to the Office —

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59494 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Wagner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* 15 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* about 30 Years

*Place of Death,* {Give street and Number.} 386 S. Sharp St.

*Cause of Death,* First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) Cold Case - 1

*Duration of Last Sickness,* about 3 or 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* ~~No. 386 S. Sharp St.~~ Germ. Lutheran Graveyard

*Date of Burial,* 28. August. 82.

*Undertaker,* Weidemeyer.

*Place of Business,* 57 & 59 W. Baltimore St.

Geo. Buchholz M. D.,

Medical Attendant.

*Address,* 151 So. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of ... will make returns of all Permits for Burials, to the Office when... Saturday of each week. ... Remarks ... sides on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59495 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 27. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Kemp

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* *Months,* *Days.*

*Color,* W

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Principe

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 111 N Frank st

*Cause of death,* First, (Primary,)

Second, (Immediate,) Cancer Uteri

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cty

*Date of Burial,* Aug 29th 1882

*Undertaker,* John Thacker

*Place of Business,* No 150 Camden st

J H Buttman M. D.,
Medical Attendant.

*Address,* 25 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ll make returns of all Permits ... No 59496

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

**Permit No.** 59496 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas A. Barrick

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 3 *Months,* 18 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* 3 mo. & 18 dys

*Place of Death,* {Give street and number.} 359 Mulberry St.

*Cause of death,* First, (Primary,) Diarrhea

Second, (Immediate,) —

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Middlesex Co Va

*Date of Burial,* Aug 29th 1882

*Undertaker,* F Lewis Schaefer

*Place of Business,* 109 N Fremont

R. C. Lee M. D.,
Medical Attendant.

*Address,* Hanover & Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2784

[OVER.]

...ns of all Permits for Bu... each week.

No. 59497

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Meier

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Eighteen *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} 166 Hullin St. Balto.

*Cause of Death* { First, (Primary,) Typhoid Malarial Fever
Second, (Immediate,) "

*Duration of last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetry

*Date of Burial,* August 29th 1882

Elias Baldwin M. D.
Medical Attendant.

*Undertaker,* Adam Willemeyer

*Place of Business,* 518 W. Baltimore St. *Address,* 152 Townsend St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rules on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59498

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lovinia Evans

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8. *Months,* 3 *Days.*

*Color,* Black

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 9 & Alley Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 9 & alley

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Meningitis

*Duration of Last Sickness,* 6 day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 28th 1882

*Undertaker,* Sam'l W. Chase

*Place of Business,* 178 S. Howard st

Geo. N. Benson M.D.,
Medical Attendant.

*Address,* 16 d Hanover st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3 1 for Burials to the Office wher... No. 9492

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59499

The Physician who attended any person in a last illness is responsible for the prosentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 27 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob W. Only

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* One *Months,* One *Days.*

*Color,* African

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} No 24 May Street

*Duration of Residence in the City of Baltimore,* Entire Lifetime

*Place of Death,* {Give street and number} No 24 May Street

*Cause of Death* { First, (Primary,) Cholera Infantum
Second, (Immediate,)

*Duration of last Sickness,* About Ten days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Albany & Co

*Date of Burial,* Aug 28 1882

*Undertaker,* Thos J Locke

*Place of Business,* #173 Fallsway

A. J. Lord *M. D.*
**Medical Attendant.**

*Address,* No 165 East St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of ... for Burial ... of this Certificate

# Board of Health, City of Baltimore,

Permit No. 59677 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 27 / 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Dallmeyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 6 *Months,* 17 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 409 Mc Elderry St Infirmary

*Cause of Death,* First, (Primary,) Enteritis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Mt Carmel

*Date of Burial,* Aug 28/82

G J Taylor M. D.

Medical Attendant.

*Undertaker,* Fry & Son

*Place of Business,* 71 N Broadway *Address,* 111 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5960/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 29 7 30 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 27, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Stamff

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* 8 *Months,* 27 *Days.*

*Color,* White *Sex,* F

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} 248 S. Eutaw

*Cause of Death,* First (Primary,)

Second (Immediate,) Typhoid Fever

*Duration of Last Sickness,* Confined first Aug. 17, 1882

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Aug 29th 1882

W. T. Hamm M. D.
Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross sts. *Address* 181 Mad. Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

...ns ...

# Board of Health, City of Baltimore.

Permit No. 5950 ...ice of Registrar of Vital Statistics. Ward 6

The Physician who attend... ...erson in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other ...son superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 28 1882 BALTIMORE

*Date of Death,* August 26 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma McCardell

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 11 *Months,* ... *Days,*

*Color,* White

*~~Married~~, Single, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Child

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 388 E. Fayette St

*Cause of Death,* First, (Primary,) ...

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral

*Date of Burial,* Aug 29

*Undertaker,* Fey Bro

*Place of Business,* 834 Broadway

A. Freyshlenker M. D.,
Medical Attendant.

*Address,* 11 S. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Special attention of Physicians is respectfully invited to the Remarks Below, also to Rules Printed on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59303 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 2 1882 BALTIMORE

*Date of Death,* Aug. 27th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Hartman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days,*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Shoemaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baden (Germany)

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and Number.} 9 Hanover

*Cause of Death,* First, (Primary,) asthma

Second, (Immediate,) dropsy.

*Duration of Last Sickness,* 6 mths.

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug. 28th 1882

*Undertaker,* Law & Bartlett

*Place of Business,* 62½ W. Balto St. *Address,* 95 S. Sharp St.

H. Ahlers *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 5734

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

*Permit No.* 57304

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 27th

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hellmers

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* ____ *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 159 E Fayette st

*Cause of Death,* First, (Primary,) Colicty

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Aug 29th 1882

*Undertaker,* Peter Frey

*Place of Business,* 91 Eden Av

L Hellmers M. D.
Medical Attendant.

*Address,* 159 E Fayette st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 59503

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

59503 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 11,144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* 27th August

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lida Carroll

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 18 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Catonsville

*Duration of Residence in the City of Baltimore,* 9 months

*Place of Death,* {Give street and number} 73 Booth st

*Cause of Death,* First, (Primary,) Dentition

Second, (Immediate,) Entero-Colitis

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Mon 28th Aug

*Undertaker,* Dept 28/82

*Place of Business,* .....

F. F. Benson M. D.
Medical Attendant.

*Address,* 187 Hillen st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 69506 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 2 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Habel

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 20 *Months,* ..... *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 134 S. Durham

*Cause of Death,* First, (Primary,) Membranous croup

Second, (Immediate,)

*Duration of Last Sickness,* 24 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Aug 29th 82

*Undertaker,* G. Frank

*Place of Business,* Bank & Wolfe

R. W. Mansfield M. D., Medical Attendant.

*Address,* 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5961 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 27 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Think Wheeler

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 7 *Months,* *Days,*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 130 N. Henry St

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,) Spasms

*Duration of Last Sickness,* One Day

All the above Information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Aug 29th 1892

*Undertaker,* Matthew Cadogan

*Place of Business,* 22 Mulberry St. *Address,* 38 W. Lombard

H. L. Spencer M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59508 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 28. 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Green.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* ..... *Years,* 10 *Months,* ..... *Days,*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 23 Bank St

*Cause of Death,* First, (Primary,) Phthisis.

Second, (Immediate,) Asthenia.

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Peters

*Date of Burial,* Aug 29 1882

W. S. Booze M. D.,
Medical Attendant.

*Undertaker,* S McHase

*Place of Business* 198 Howard

*Address,* 210 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

For Special Instructions of Physicians, see Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 59509 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED 1282 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sat. 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles. Hardy

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male.

*Age,* 25 *Years,* 1 *Months,* 25 *Days,*

*Color,* Black.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married.

*Occupation,* Sailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Queen Anns Co. Md.

*Duration of Residence in the City of Baltimore,* 8 mos

*Place of Death,* {Give street and Number.} 98, 48 Lexford st

*Cause of Death,* First, (Primary,) Was under treatment here

Second, (Immediate,) for Tertiary Syphilis

*Duration of Last Sickness,* Since July 16. 1882

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet

*Date of Burial,* Aug 28 1882

*Undertaker,* S. McShane

*Place of Business,* 109 Howard St

Surgeon Dept
R. S. Slaton M. D.,
Medical Attendant.

Address, University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Board of Health, City of Baltimore,

Permit No. 59510 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH AUG 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 26 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt Ryan

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days.*

*Color,* C

*Married, Single, Widow or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* No

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give street and number.} 61 Centre cc

*Cause of death,* First, (Primary,)

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* five years

All the above information should be furnished by the Physician.

*Place of Burial,* Lawncc

*Date of Burial,* Augt 28 1882

*Undertaker,* B McChase

*Place of Business,* 198 Howard st

J H Buttman M. D.,
Medical Attendant.

*Address,* 73 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5931 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 27, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Redman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days.*

*Color,* W

*~~Married, Single, Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Sexton

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} St Marys Co Md

*Duration of Residence in the City of Baltimore,* 40

*Place of Death,* {Give street and number.} 30 Hill st

*Cause of death,* First, (Primary,) Typhoid Malarial fever

Second, (Immediate,)

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* August 29

*Undertaker,* B. Hurle

*Place of Business,* 82 West st

H. W. Webster M. D., Medical Attendant.

*Address,* 51 Barnes st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

**Permit No.** 59512

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 28 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 27. 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael J. Coyne

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 116. S. Duncan. Alley.

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Exaustion

*Duration of Last Sickness,* Two Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug 29. 92

Geo. Boerkman M.D.,
Medical Attendant.

*Undertaker,* M. Clark & Son

*Place of Business,* 92. S. Ann *Address,* 1 Hanover Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 39513 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abigail Baker

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 64 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and Number.} 1622 Eastern Ave

*Cause of Death,* First, (Primary,) Cerebral

Second, (Immediate,) Hemorrhage

*Duration of Last Sickness,* 2 Days

At the above information should be furnished by the Physician.

*Place of Burial* New Methodist Ch

*Date of Burial,* Aug 29, 1882

*Undertaker,* H Sander & Son

*Place of Business,* 202 Eastern Ave

W. H. Scott M. D.,

Medical Attendant.

*Address,* 414 E Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition, whether married or single, of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 59514

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28th 82 1130 Rec

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Mary Randal

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 2 *Days.*

*Color,* White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Stad none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 161 McCulloh Mahmle

*Duration of Residence in the City of Baltimore,* 2 Days

*Place of Death,* {Give street and number.} 161 McCulloh Mahmle

*Cause of Death,* First, (Primary.) Cyanopathy

Second, (Immediate.) do

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* E. B Public Cemty

*Date of Burial,* Augt 29/82

*Undertaker,* M Coleman

*Place of Business,* .....

W P Mudd M.D.,

Medical Attendant.

*Address,* 161 McCulloh

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59315 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 27: 10 20 A M. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma F. Keller

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 8 *Years,* 9 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } X X X

*Occupation,* X X X

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 6 Essex St Locust

*Cause of Death,* First, (Primary,) Congestive Chills

Second, (Immediate,)

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial* Mt. Carmel Cem.

*Date of Burial,* Aug. 29, 1882

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Broadway *Address,*

Samuel E. Knight M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No 9516

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 5/376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 28-1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Campbell Smith

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 5 *Years,* 6 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City, Md.

*Duration of Residence in the City of Baltimore,* Life Residence

*Place of Death,* {Give street and number} Mulberry & Arlington Ave.

*Cause of Death,* First, (Primary.) ____ Second, (Immediate,) Diphtheria

*Duration of last Sickness,* Three weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 30th

*Undertaker,* McLeth & Shields

*Place of Business,* 60 & Carrollton ave

Louis W. Knight M. D.
Medical Attendant.

*Address,* 112 N. Greene

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

# Board of Health, City of Baltimore,

Permit No. 59577 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Mon August 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Everett Taylor

*Sex, Male ~~or Female.~~* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and Number.} 15 E. Lombard St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheritic Croup

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Methodist Cemetery

*Date of Burial,* August 30 1882

*Undertaker,* John Lake

*Place of Business,* 116 Park St

A. Lloyd Shutter M. D.,
Medical Attendant.

*Address,* 11 South High St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

Permit No. 59578

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 27th. 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Gunn

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 2 *Years,* *Months,* *Days.* Premature Lived 3 hours

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } 87 Cambridge St.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 87 Cambridge St.

*Cause of Death,* First, (Primary.) Premature Infant

Second, (Immediate.) Dr. Consultation

*Duration of Last Sickness,* Shortly after birth

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas Cem.

*Date of Burial,* Aug 29th 82

E. L. Tuttle M.D.,
Medical Attendant.

*Undertaker,* G. Grance

*Place of Business,* Bonn & Wolf *Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 7

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59519

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 28 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Howard

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 19 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Upholsterer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 4 months

*Place of Death,* {Give street and number} Union Protestant Infirmary

*Cause of Death* First, (Primary,) Acute Dysentery

Second, (Immediate,)

*Duration of last Sickness,* 3 weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* Mount Auburn

*Date of Burial,* Aug 29

*Undertaker,* C H Pilgrim

*Place of Business,* 198

C. Fairell *M. D.*
**Medical Attendant.**

*Address,* 92 Monument St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DELANY & CO. CITY PRINTERS AND STATIONERS.

[over

The Special Attention of Physicians is Respectfully Invited to the Memoranda Below, and to Laws of Diseases [illegible]

# Board of Health, City of Baltimore,

Permit No. 59320 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* [illegible]

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

*Sex, Male or Female,* {Cross out the word not required in this line.} [illegible]

*Age,* ..... *Years,* ..... *Months,* ..... *Days,*

*Color,* [illegible]

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} [illegible]

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* {Give street and Number.} [illegible]

*Cause of Death,* First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

*Duration of Last Sickness,* [illegible]

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* [illegible]

*Undertaker,* [illegible]

*Place of Business,* [illegible]

[illegible] M. D.,
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner [illegible] the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 39521 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

AUG

*Date of Death,* August 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna S. Hanlon

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 1 *Day,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 88 Ensor st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Premature Birth

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial.* Augt 29 82

*Undertaker,* Geo. Schilling

*Place of Business,*

Geo. W. Downs M. D.,

~~Medical Attendant~~

*Address,* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Examined by Emanuel Weinman

# Board of Health, City of Baltimore,

Permit No. 29522 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
AUG 29 1882
BALTIMORE

*Date of Death,* August 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bollinger

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 7 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 307 Bank Street

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,) .....

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* Aug. 29th 1882

*Undertaker,* Germanus France

*Place of Business,* S.E. Cor. Wolf & Bank Sts. *Address,* 307 Bank Street

Geo. W. Jansen M. D.,
~~Medical Attendant~~

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the [illegible]

# Board of Health, City of Baltimore

Permit No. 69523 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 29 [illegible]

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 5 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} E. N. Front St

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,)

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Aug 29 1882

Edw F. Nicholson M. D.,
Medical Attendant.

*Undertaker,* J P Bruce

*Place of Business,* Front St *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Board of Health, City of Baltimore.

Permit No. 59324 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1882

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Leary

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* 5 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and Number.} 58, N. Front St.

*Cause of Death,* First, (Primary,) Chronic inflammation of

Second, (Immediate,) Liver & Dropsy

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial* Aug 29th 82

*Undertaker,* Jas H Byrne

*Place of Business,*

Edw. F. Michaelson D., Medical Attendant.

*Address,* 283 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. "*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59525 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1892 BALTIMORE

*Date of Death,* August 28th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Paul L Skinner

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X X X

*Occupation,* X X X

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 23 E. Holly St.

*Cause of Death,* First, (Primary,) Premature

Second, (Immediate,) .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* 29th Aug.

*Undertaker,* W. Dittel.

*Place of Business,* 151 S Bond St. *Address,* 299 E Balto. St.

James E. Emmitt M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 19326 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Moynahan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* — *Months,* — *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 5 months

*Place of Death,* {Give street and Number.} 72 Parish St

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of Last Sickness,* 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters (cem)

*Date of Burial,* Aug 29th 1882

*Undertaker,* J Decourcy Mitchell

*Place of Business,* 55 Eff Fayette

Edwd F. Mechlenburg M. D., Medical Attendant.

*Address,* 283 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

For Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases &c.

# Board of Health, City of Baltimore,

Permit No. 5952 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Moerick

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~4~~ 5 Years, 11 Months, Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* One year

*Place of Death,* {Give street and Number.} # 208 E Bethel St.

*Cause of Death,* First, (Primary,) Diphtheritic Croup.

Second, (Immediate,)

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* United Evangelic Cemetery

*Date of Burial,* 30th Aug. 1882

*Undertaker,* Wm. Nicolaus

*Place of Business,* 258 Aliceanna St. *Address,* 243 Aliceanna St

Dr. Wm. H. Kehlenger M. D., Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 59528 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella W Baker

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 2 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 1099 Chew St

*Cause of death,* First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion & diarrhoea

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. cemetery

*Date of Burial,* Aug 30 92

*Undertaker,* Wm H. Hickman

*Place of Business,* 224 E. Lexington *Address,* .....

Wm Wilmdge M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

# Board of Health, City of Baltimore,

Permit No. 59529 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1882 BALTIMORE

*Date of Death,* August 28. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Smith

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* — *Days,*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and Number.} 169 Warren st

*Cause of Death,* First, (Primary,) Asthma

Second, (Immediate,) Phthisis

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Aug 30th 1882 Jerrold Coe M. D.,

Medical Attendant.

*Undertaker,* Julius Kochler

*Place of Business,* Sharp & Bros *Address,* 146 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

**Permit No.** 59330 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jamy Mack

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 7 Falls St

*Cause of Death,* First, (Primary,) Complication of Diseases

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial* St Peters Cemetery

*Date of Burial,* August 30 1882

*Undertaker,* James & Payne

*Place of Business,* No 63 N Front St

Geo 13 Reynolds M. D.,
Medical Attendant.

*Address,* 171 N. Calvert

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59531 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT TO BE BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 3 1882 BALTIMORE

*Date of Death,* Aug 29 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ema Birkmeier

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* —— *Months,* —— *Days,*

*Color,* Wh

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State of country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 493 Harford Ave

*Cause of Death,* First, (Primary,) Scarlatina maligna

Second, (Immediate,) Paralysis cordis

*Duration of Last Sickness,* 1 week

All the above Information should be furnished by the Physician.

*Place of Burial.* Balto. County

*Date of Burial.* Aug. 31/82

*Undertaker,* J. L. Lossing

*Place of Business,* 125 N Eutaw St.

[signature] M. D.,
Medical Attendant.

Address, 245 S. Sharp

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {OVER.}

The Special Attention of Physicians is respectfully invited to the [illegible]

# Board of Health, City of Baltimore,

Permit No. 29582 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1882 BALTIMORE

*Date of Death,* August 29 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hilbrecht

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 1 *Months,* 13 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 302 Schroeder st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 31

*Undertaker,* Henry Breiden

*Place of Business,* Hanover St 81

Howard Cook M. D.,
Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 57553

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1882 BALTIMORE

*Date of Death,* Aug. 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur G. Grauer

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* Eight *Months,* ten *Days.*

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 91 S. Stark St

*Cause of Death,* First, (Primary.) Gastro-Enteritis

Second, (Immediate.) Convulsions Coma

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Har Sinia Cemetery

*Date of Burial,* August 30th

*Undertaker,* Andrews & Hodges

*Place of Business,* No 4 Druid Hill Avenue

Dr. Lawrence H. Barclay M.D.,
Medical Attendant.

*Address,* 47 Conway St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 193314 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Boettger

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 328 Hamburg St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria 4 days.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial.* August 31. 1882

*Undertaker,* F Poke

*Place of Business,* 423 425 Courtland

R. J. H. Tall M. D.,
Medical Attendant.

*Address,* 15-2 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 59535 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1882 BALTIMORE

*Date of Death,* Aug. 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Mitchell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Twenty-one *Years,* ——— *Months,* ——— *Days.*

*Color,* Black.

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Sailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and number.} 24 New St.

*Cause of death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of Last Sickness,* Four months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 30th 82

*Undertaker,* Samuel H. Chase

*Place of Business,* 191 E. Pratt

F. B. Gardner M. D.,
Medical Attendant.

*Address,* 120 N. Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 29536 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 30th August 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shotzky

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 6 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

*Occupation,* ~~———~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give street and Number.} S. Ann's Fact 1257.

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,) Angina maligna

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Aug 30 1882

*Undertaker,* G. Frana

*Place of Business,* Bank & Wolf

William Henkel M. D.,
Medical Attendant.

*Address,* S. Wolfe & Fr. 117.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Necessity of Strictly

# Board of Health, City of Baltimore,

Permit No. 59537 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1882 BALTIMORE

*Date of Death,* 29. Aug 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet E. Welch

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* — *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give street and Number.} No. 179 N. Strieker St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) old age

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* Aug 31st 1882

*Undertaker,* Denny & Whitelock

*Place of Business,* 560 W. Fayette

Chas. O. Warren M. D., Medical Attendant

*Address,* Strieker & Lemmon

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 69538 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Dawkins

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days,*

*Color,* Black

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Dorchester County Maryland

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give street and Number.} 30 McClellan St

*Cause of Death,* First, (Primary,) Malaria Fever

Second, (Immediate,) Puerperal Peritonitis

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Woodberry Cemetery

*Date of Burial,* Aug 30th 1882

*Undertaker,* Theodore F Locks

*Place of Business,* 73 E Fayette St *Address,* 238 Broadway

Wm E. Russell M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertsker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 57539 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Magdalena Roth

*Sex,* ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

*Age,* 67 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, { Cross out the word not required in this line. }

*Occupation,* Housekeeper

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany (30 yrs in America

*Duration of Residence in the City of Baltimore,* 30 Yrs

*Place of Death,* { Give street and number. } No 2 Wartens Court near Bank St

*Cause of death,* First, (Primary,) Heart Disease

Second, (Immediate,) Asthma + Exhaustion

*Duration of Last Sickness,* 6 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Aug 31st 82

*Undertaker,* G. France

*Place of Business,* Bank & Wolf

G. Grundy Lyon M. D.,
Medical Attendant.

*Address,* 1822 Edmondson Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 595140 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Matilda Campbell

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* 8 *Months,* 27 *Days,*

*Color,* W

*Married, Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Lady

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Illinois opposite St Louis

*Duration of Residence in the City of Baltimore,* abt 30 Years

*Place of Death,* {Give street and Number.} No 319 Lowden Avenue

*Cause of Death,* First, (Primary,) Brights Disease of the Kidneys

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 30 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 31st Aug 1882 Charles M. Morfit M. D.,

Medical Attendant.

*Undertaker,* H. H. Jenkins & Co

*Place of Business,* 75 N. Charles Address, 67 East Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 19541 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Boiger

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 7 hours ~~Days~~,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 53 n Light

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Premature Birth

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Aug 30 ~~th~~ 82

*Undertaker,* C. F. Krause

*Place of Business,*

Theodore Cooke M. D.,
Medical Attendant.

Address, 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore

Permit No. 19342 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG. 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hummel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Baker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bavaria - Germany

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give street and Number.} 431 Franklin St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Apoplexy -

*Duration of Last Sickness,* ½ hour

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 30

*Undertaker,* Walter Immel

*Place of Business,* 315 W Biddle Street

Alexander Tinsley M. D., Medical Attendant.

Address, Corner

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 695743 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Garde

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* 5 *Months,* 8 *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Undertaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 Years

*Place of Death,* {Give street and number.} 29 N. Caroline St

*Cause of death,* First, (Primary,) Schirrus of the Stomach

Second, (Immediate,)

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Emanuel Cem

*Date of Burial,* Augt 31 82

*Undertaker,* McClellan & Son

*Place of Business,* 92 N. Gay St

Charles E. Thomas M. D., Medical Attendant.

*Address,* 666 Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 195744 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schaufelburger

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Wine Dealer.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 11 yrs

*Place of Death,* {Give street and number.} St. Josephs Hospital

*Cause of death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 30, 1882

*Undertaker,* Henry Hoen

*Place of Business,* 809 Eutaw Ave

S. V. S. Woodman M. D.,
Medical Attendant.

*Address,* St Josephs Hosp

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 59545 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* William Reily 28. D. 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Reily.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* *Days,*

*Color,* Col

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Waiter

*Birthplace,* {State or country, and now long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give street and Number.} 77 Pierce

*Cause of Death,* First, (Primary,) Bronchs Pneumonia

Second, (Immediate,)

*Duration of Last Sickness,* 4 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel County

*Date of Burial,* Dec 30 1882

*Undertaker,* Ted J. Foos

*Place of Business,* [illegible]

Louis E. Kan M. D., Medical Attendant.

*Address,* 226 Mulberry

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 5935 46 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1882,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Rice,

*Sex, Male or Female,* {Cross out the word not required in this line.} Male,

*Age,* —— *Years,* —— *Months,* 27, *Days.*

*Color,* White,

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 290 N. Gilmor Street, Baltimore,

*Duration of Residence in the City of Baltimore,* all his life,

*Place of Death,* {Give street and number.} 290 N. Gilmor Street

*Cause of death,* First, (Primary,) Illness,

Second, (Immediate,) "

*Duration of Last Sickness,* 4 or 5 hours,

All the above information should be furnished by the Physician.

*Place of Burial,* Ballo Cemetery

*Date of Burial,* Aug 30-1882

*Undertaker,* Wm Deane

*Place of Business,* 202 N Eutaw St *Address,* 178 Hanover Street,

Harvey L. Byrd, M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 59547 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or as soon if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG. 30 3 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Magdalene Everline

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* 60 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Keeper Peddler

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } City Hospital

*Cause of Death,* First, (Primary,) Fract of Femur

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug. 30th 1882

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St.

T. Fraser Thomas M. D.,
Medical Attendant.

*Address,* City Hospital.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimor

Permit No. 59548 *Office of Registrar of Vital Statistics.* Ward ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, fi... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Morrison

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 7 *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 31 York St

*Cause of Death,* First, (Primary,) Natural

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Aug 30th 1882

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St

E. R. Wilson M. D.
Medical Attendant.

*Address,* 158 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

# Board of Health, City of Baltimore

Permit No. 59549 *Office of Registrar of Vital Statistics.* Ward [illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August. 31st. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia A. Hannaka

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* 1 *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Hanover, Prussia.

*Duration of Residence in the City of Baltimore,* 29 yrs.

*Place of Death,* {Give street and Number.} 218 Hamburg St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Pulmonary Tuberculosis.

*Duration of Last Sickness,* about two years.

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Saturday Sept. 2nd.

*Undertaker,* Krauss

*Place of Business,* Hanover St.

R. J. N. Tall, M. D.,
Medical Attendant.

*Address,* 152 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 59550 *Office of Registrar of Vital Statistics.* **Ward** ....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... if requested so to do. under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31 - 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm W- Witters
Jr

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* 7 *Days,*

*Color,* .....

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } 24 - Saratoga st -

*Cause of Death,* First, (Primary,) Prolong - Labor

Second, (Immediate,) .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 31

*Undertaker,* Mr Witters

*Place of Business,* 22 Hanover st

N. P. Monroe M. D.,
Medical Attendant.

*Address,* Corner Baltimore and ...

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases ...

# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 19557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius P. Parrott

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 5 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~

*Occupation,* ~~Married~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 33 Marshall St

*Cause of Death* First, (Primary,) Whooping Cough

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 2 Wks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Aug 31 1882

*Undertaker,* G W Chase

*Place of Business,* 198 Harrison *Address,* 187 W. Biddle St

Thos. S. Latimer M. D.
Medical Attendant.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DELANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore.

Permit No. 59552 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 29th august 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Owens

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} .....

*Age,* 20 *Years,* ..... *Months,* ..... *Days,*

*Color,* Colrd

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 225 S. Howard

*Cause of Death,* First, (Primary,) Diptheria

Second, (Immediate,) .....

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem'y

*Date of Burial,* Augt 31 1882

*Undertaker,* C W Chase

*Place of Business,* 198 Howard

A W Webster M. D., Medical Attendant.

*Address,* 57 Barnes

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore

Permit No. 59553 *Office of Registrar of Vital Statistics.* Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lidia Linn

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 7 *Months,* 4 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Child

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ~

*Place of Death,* {Give street and Number.} 148 N Schroeder St

*Cause of Death,* First, (Primary,) ...

Second, (Immediate,) Scarlet Fever

*Duration of Last Sickness,* Seven Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Lauden Park

*Date of Burial,* Augt 31st 1882

*Undertaker,* Andrew Rohde

*Place of Business,* No 48 Pine St

A Lingenfelter ~~M. D.~~

Medical Attendant.

*Address,* 11 S. Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 39554 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {Place of country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} No 925 Eastern Ave

*Cause of Death,* First, (Primary,) Dysentery

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* One month

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Md

*Date of Burial,* Sept. 2nd 1882

Dr. L. Fuller, M. D.,

Medical Attendant.

*Undertaker,* Benj. H. Butchett

*Place of Business,* 66 S. Broadway Address, 925 Eastern Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

2785

# Board of Health, City of Baltimore.

Permit No. 79505 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 31st August 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kolpabek

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give street and Number.} S. Amstrict 257

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,) Angina maligna

*Duration of Last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holbrooks

*Date of Burial,* Thursday Aug 31

*Undertaker,* John Herring

*Place of Business,* 382 Orleans

William Henkel M. D., Medical Attendant.

*Address,* S. Wolfe & Ms

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 9556 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elanora Blaze

*Sex,* ~~Male.~~ *Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* Colored

~~Married~~ *Single,* ~~Widowed~~ {Cross out the word not required in this line.}

*Occupation,* Nurse

*Birthplace,* {State or country and how long in the United States, if of foreign birth.} Howard Co.

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and Number.} 45 Arch St.

*Cause of Death,* First, (Primary,) Consumption of bowels

Second, (Immediate,) Asthma

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Church St Burial Ground

*Date of Burial,* Aug 31-

*Undertaker,* E. Divers

*Place of Business,* No 52 Vine St-

J. H. Hoffman M. D.,
Medical Attendant.

*Address,* 279 Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 19367 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 30th. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ *Years,* 1 *Months,* 14 *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First, (Primary,) Marasmus.

Second, (Immediate,)

*Duration of Last Sickness,* Life.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug. 31/82

*Undertaker,* Pat. Hunt

*Place of Business,* Sisson & Townsend

R. H. Goldsmith M. D.
Medical Attendant.

*Address,* Hudson av. & Calhoun

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 19568 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hynson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 3 *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 273 Mc. Donough St.

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Druid Hill Cem

*Date of Burial,* Aug 31 1882

W. S. Booze M. D.,

Medical Attendant.

*Undertaker,* Thos Locke

*Place of Business,* 473 Jefferson St Address, 210 Shaft St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

# Board of Health, City of Bal...

Permit No. 59559

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thurston Parkhurst

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.} Male

*Age,* 30 *Years,* — *Months,* — *Days.*

*Color,* Col'd

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

*Occupation,* Porter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 73 Davis St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,* about four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 31st 1882

*Undertaker,* Thos J Locke

*Place of Business,* 213 Jefferson

Ellmaker M.D.,
Medical Attendant.

*Address,* 5 N. Calvert St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

# Board of Health, City of Baltimore,

Permit No. 29560 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 30th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Yingling

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* 0 *Months,* 3 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 216 Alice Anna St.

*Cause of Death,* First, (Primary,) Premature Birth, Cause unknown

Second, (Immediate,) Foetalage: 6 months.

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* August 31st 1882

John H. Kehlenger M. D., Medical Attendant.

*Undertaker,* Leonhard Kurz

*Place of Business,* 272 S. Bond Street *Address,* 216 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 3 9361 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Potts

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* Seventy two *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* Nearly all her life

*Place of Death,* {Give street and Number.} 266 Park Ave

*Cause of Death,* First, (Primary,) Bright's disease

Second, (Immediate,) Hypertrophy of heart & Chronic Aortitis

*Duration of Last Sickness,* About 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 3rd 1882

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

Elias C Price son M.D.,
Medical Attendant.

*Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5956 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Forsyth

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* 4 *Months,* 23 *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Danville Va.

*Duration of Residence in the City of Baltimore,* 23 years

*Place of Death,* {Give street and Number.} 209 N. Calhoun St

*Cause of Death,* First, (Primary,) Consumption of the Bowels

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 1 1882

*Undertaker,* Shields & Meeth

*Place of Business,* 60 Carrollton Av. *Address* 231 N. Hanover St

J. C. Hammer M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

9

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Coburn

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 78 *Years,* *Months,* *Days.*

*Color,* White *Sex,* female

*Married,* ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Lady

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Kent County

*Duration of Residence in the City of Baltimore,* Fifty three years

*Place of Death,* {Give street and number.} No 19 N. Gay St

*Cause of Death,* First (Primary,) Gradual decline

Second (Immediate,) Old Age

*Duration of Last Sickness,* I do not know I only attended Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem^y J. R. Holland M. D.

*Date of Burial,* Friday Sept 1st 1882 Medical Attendant.

*Undertaker,* John L. McElroy Jr Address 71 Franklin St.

*Place of Business,* #22 W. Fayette St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 59364 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE

*Date of Death,* Aug 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 17 *Years,* 4 *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 44 West St

*Cause of Death,* First, (Primary,) Child birth (Case was dying when I first saw it a few hours before death)

Second, (Immediate,) Metro-peritonitis

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Sept 1st 1882

*Undertaker,* Armstrong & D

*Place of Business,* 263 Light St *Address,* 712 Cathedral

Geo. W. Runge M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 19565 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick T. Pendergrass

*Sex, Male or Female,* {Cross out the word not required in this line.} .....

*Age,* 19 *Years,* 8 *Months,* 3 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Butte City

*Duration of Residence in the City of Baltimore,* About 17 years

*Place of Death,* {Give street and Number.} Baker St

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Heart, Hypertrophy

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial* St Peters Cem.

*Date of Burial,* Sept 1st 1882

*Undertaker,* C. F. Kranz

*Place of Business,* .....

..... M. D.,
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59366 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Mitchell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* 10 *Months,* *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give street and Number.} 97 Ohio St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* W. B. Public Cemetery

*Date of Burial,* Sept 1st 1882

*Undertaker,* F. A. Kachna

*Place of Business,*

Died of [illegible] M. D.,

Medical Attendant.

*Address,* Coroner

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31 at 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Raymond Burkert Owens

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 18 *Months,* ..... *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 216 N. Eden St

*Cause of Death* { First, (Primary,) Small pox
Second, (Immediate,) Congestion of Lungs

*Duration of last Sickness,* 11 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* ~~Sept~~ 82

*Undertaker,* Hay & Bro

*Place of Business,*

Wm N. Hill M. D.
Medical Attendant.

*Address,* 196 E. Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 39568 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma L. Stab

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* *Days.*
3

*Color,* White *Sex,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 144 Chew St

*Duration of Residence in the City of Baltimore,* 3 Months of age

*Place of Death,* {Give street and number.} 144 Chew St

*Cause of Death,* First (Primary,) Strangulation

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* Sep. 2th 1882

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St. *Address*

H. Connolly M. D.
~~Medical Attendant.~~
Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore

Permit No. 5986 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aerie Melissa Henry

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 34 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country; and how long in the United States, if of foreign birth.} Covington Geo. Ga.

*Duration of Residence in the City of Baltimore,* Between 4 and 5 years

*Place of Death,* {Give street and Number.} 404 E Pratt st

*Cause of Death,* First, (Primary,) Cardiac Embolism

Second, (Immediate) accident thrombus death

*Duration of Last Sickness,* Acting several days patients to the

All the above information should be furnished by the Physician.

*Place of Burial,* Covington Ga

*Date of Burial,* Sept 4th 1882

D W Cathell M. D.

Medical Attendant.

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave *Address,* 2 W Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

2786

# Board of Health, City of Baltimore,

Permit No. 59570 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Easton

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days,*

*Color,* C

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laundress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 102 S Spring Street

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Hemorrhage from Lungs (Syncope)

*Duration of Last Sickness,* a few minutes

All the above information should be furnished by the Physician.

*Place of Burial.* New Evergreen

*Date of Burial.* Sept 1st 1882

*Undertaker,* Charles A Ulrich

*Place of Business,* 35 Granby St

Chas. H. Morfit M. D.,

Coroner & ~~Medical Attendant.~~

Address, 067 E Balto Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5757 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oceola Pratt

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 14 *Months,* 19 *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} No 16 Sarah-Ann st Balt. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 16 Sarah Ann st " "

*Cause of death,* First, (Primary,) Chronic Pneumonia

Second, (Immediate,) Hooping Cough

*Duration of Last Sickness,* about 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept. 2. 1882

*Undertaker,* [illegible]

*Place of Business,* [illegible]

Jas. L. Fulks M. D.,
Medical Attendant.

*Address,* No 134 Park st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore.

Permit No. 69572 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 31st 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Robb

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 9 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } /

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Life time

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } No. 74 S. Wolfe St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 11 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 2nd 82

*Undertaker,* [illegible]

*Place of Business,* [illegible]

M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59373 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 31 August 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marguett Ruprecht

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 43 *Years,* 3 *Months.* 26 *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} married

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany . 34 years in U. S

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give street and number.} S. E. Cor 4 & Mt Henry Street

*Cause of death,* First, (Primary,) Inflamatory Rheumatism

Second, (Immediate,) High fever. Inflamation of the endocardium. I

*Duration of Last Sickness,* 10 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Presbyterian Cemetery

*Date of Burial,* Sept 1st 1882

*Undertaker,* F. B. Cook

*Place of Business,* 707 W Balt St

L. F. Reinhard M. D.,
Medical Attendant.

*Address,* 224 West Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

**Permit No.** 595714 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Wenby

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* *Months,* 5 Hours 15 Min ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 92 N Carey St.

*Cause of death,* First, (Primary,) Prematurity at 6th Month.

Second, (Immediate,) Born at 5 P.M. Died at 11.15 P.M.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Sept 1882

*Undertaker,* Kenny & Mitchell

*Place of Business,*

John L. K. Shipley M. D.,
Medical Attendant.

*Address,* 273 W Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of B...

Permit No. 27575 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Bowers

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* ~ *Months,* ~ *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Wife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Fifty years

*Place of Death,* {Give street and number.} 205 Eastaw pt

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Heart Failure

*Duration of Last Sickness,* 6 or 8 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Sept 3 1882

*Undertaker,* Wm J. Tickner

*Place of Business,* 136 Camden st

Geo. W. Brown M.D.,
Medical Attendant.

*Address,* 1122 Eastern Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 09576 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 31 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara J. Wilson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* 7 *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* 20 yrs 7 mo

*Place of Death,* {Give street and number.} 4 Hill St.

*Cause of death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) Some time

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bolla Cemetery

*Date of Burial,* Sept 1st 1882

*Undertaker,* Armstrong & Denny

*Place of Business,* 262 Light

R. C. LEE M. D.,
Medical Attendant.

*Address,* Hanover & Barre Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 5937 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 31th August 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Ehrmann

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~~~

*Occupation,* ~~~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during Lifetime

*Place of Death,* {Give street and Number.} Hull Street 16

*Cause of Death,* First, (Primary,) Atrophia

Second, (Immediate,)

*Duration of Last Sickness,* during Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paulas Cemetry

*Date of Burial,* Sept 2nd 1882

*Undertaker,* Wenzel Tippel

*Place of Business,* N. Bond st. 151

William Henkel M. D., Medical Attendant.

*Address,* S. Wolfe st 117.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 59578 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT STP 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 30 th. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm O L Chaney

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 05 Years, 03 Months, Days,

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md

*Duration of Residence in the City of Baltimore,* 3 3 Yrs.

*Place of Death,* {Give street and Number.} 8 S Gay N st

*Cause of Death,* First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) Coma

*Duration of Last Sickness,* 15 hours. Had fits about one year

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Sept. 2. 1882

*Undertaker,* Geo I Hughes

*Place of Business,* 60 E Balto St

M. D., Medical Attendant.

Address, 99 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 39379 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1 1982 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 29 '82

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } John L. Hamilton

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 2 6 *Years,* 1 *Months,* 25 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* machinist

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balti.

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* { Give street and Number. } 237 Chad St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 6 mos

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cemetery

*Date of Burial,* Sept 1 1882,

*Undertaker,* W. H. Hickman

*Place of Business,* 2347 Eastern Av

D. Scott M. D.

Medical Attendant.

*Address,* 142 N Exeter St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 19580 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John & Rachel Sgatt (Parents)

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 3 *Days,*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 2 Chestnut Alley

*Cause of Death,* First, (Primary,) ——

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel County

*Date of Burial.* Sept 1/82

*Undertaker,* Wm J. Gray

*Place of Business,* ——

Geo. F. Dimmock M. D.,

~~Medical Attendant~~

*Address,* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Exam by. Emanuel Weinman

Permit No. 5958

*Office of Registrar of Vital Statistics.* War

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, d... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or s... if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lula Gooseberry

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} F

*Age,* one *Years* Seven *Months,* *Days.*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 21 Mason Alley

*Cause of Death,* First, (Primary,) Diarrhea

Second, (Immediate,) Morning it is

*Duration of Last Sickness,* About three weeks

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* Sept. 1st 1882

*Undertaker,* Wm. H. Bishop Jr.

*Place of Business,* 9 y Office Coz.

Elias C. Price M. D.,
Medical Attendant.

*Address,* 262 Madison Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of B.

Permit No. 59582

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

SEP 11 1882

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 31

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes I. Doy.

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* White

*Married,* Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 426 Lexington St Balto. Md.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number.} 426 Lexington St.

*Cause of Death,* First, (Primary.) Tubercular Meningitis

Second, (Immediate.) About 1 week

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 2

*Undertaker,* J. B. Cook

*Place of Business,* 707 West Baltimore *Address,* Forquette & Pierce

I. G. Williams, M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health. City of Baltimore.

Permit No. 39583 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 1 1 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 31, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Artman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 353 Aisquith St.

*Cause of death,* First, (Primary.) Cerebro Hydrocephalus

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Stephens Cem

*Date of Burial,* Sept 2 1882

*Undertaker,* H. Hahn

*Place of Business,* 63 E Lex St

F. H. Ellenberg M. D.,
Medical Attendant.

*Address,* 369 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 59384 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Howard Robinson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 7 *Months,* 10 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 1444 S. West Street

*Cause of Death,* First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept. 1. 1882

James C. F. Shaw M. D.,
Medical Attendant.

*Undertaker,* H. Sanders & Son

*Place of Business,* 202 Eastern Ave. Address, 68 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

Permit No. 59585 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McBride

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Flyer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give street and number.} 11 Carlton.

*Cause of death,* First, (Primary,) Acute Bronchitis, Asthma &

Second, (Immediate,) General Debility & Exhaustion

*Duration of Last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* [redacted] 1882

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front St

Edward J. McDevitt M. D.,
Medical Attendant.

*Address,* 57 Augusta St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 69686

# Board of Health, City of B...

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

SEP 1882

## CERTIFICATE OF DEATH.

*Date of Death,* August 31. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Fredrick~~ J. Trautma

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* ..... *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Buena City

*Duration of Residence in the City of Baltimore,* 8 days

*Place of Death,* { Give street and number. } 107 S. Eutaw.

*Cause of Death,* { First, (Primary.) Delirium tremens

Second, (Immediate.) 4 days.

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 2/82

*Undertaker,* J. F. Byrne

*Place of Business,* .....

J. N. Scarff M.D.,

Medical Attendant.

*Address,* 45 S Eutaw St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 3988 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

SEP 1882

## CERTIFICATE OF DEATH.

*Date of Death,* September 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Child of W. Hanford

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* ——— *Months,* 4 Hours. ~~Days.~~

*Color,* W. H. *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 13. Harlem Avenue

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number.} 13. Harlem Avenue

*Cause of Death,* First (Primary,) ———

Second (Immediate,) Premature Birth

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Sept 1st 1882

*Undertaker,* L. Lewis Schaefer

*Place of Business,* 109 N Fremont ~~Address~~ 234 Madison Ave

A. J. Bell M. D.
Medical Attendant.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 5 9388 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT SEP 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 31. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Dorsey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* *Months,* *Days.*

*Color,* black

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 120 Fayette st. near Madison

*Cause of death,* First, (Primary,) old age

Second, (Immediate,) —

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* september the 1st G Lane Tanyhill M. D.,

*Undertaker,* M. J. Riordan Medical Attendant.

*Place of Business,* 63 Parkin *Address,* 129 n Eddo

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and cause and date of death, except in cases of births and deaths of illegitimate children.

[o

Board of Health, City of Baltimore

Permit No. 59589 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH DEPARTMENT SEP 12 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 1st September 1882. 10.30 A. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Muschanowske

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} .....

*Age,* 9 *Years,* 4 *Months,* 4 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~~

*Occupation,* ~~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give street and Number.} S. Ann Street 257

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,) Angina maligna

*Duration of Last Sickness,* 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Sept. 2nd 1882

*Undertaker,* G. Fraser

*Place of Business,* Davis & Wolf *Address,* S. Wolf St.

William Hamel M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore

Permit No. 39690 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* 14th September 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Muschanowski

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 7 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ~~~

*Occupation,* ~~~

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* during Lifetime

*Place of Death,* { Give street and Number. } S. Hunter St.

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,) Angina maligna.

*Duration of Last Sickness,* 13 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Sept. 16th 82

*Undertaker,* G. Franz

*Place of Business,* Davis & Wolfe *Address,* S. Wolfe & Hill

William Henkel M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 59591 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. REGISTER 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 1st September 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Muszlanowska

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 4 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give street and Number.} S. Amstedt 25.

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,) Angina maligna

*Duration of Last Sickness,* 13 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Sept. 2nd 82

*Undertaker,* G. Franz

*Place of Business,* Bank & Wolf *Address,* S. Wolfe & 117

William Henkel M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Published

[OVER.]

Permit No. 5933[illegible]

*Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Berry

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 34 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 34 Bungerindy Alley

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* Sharpes Cemetery

*Date of Burial,* Sept 2nd 92

*Undertaker,* Lewis Perkins

*Place of Business,* 130 Bennett Pl

Sir D Blake M. D., Medical Attendant.

*Address,* 168 N Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 59693 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept - 1 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Topper

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* 26 *Days,*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State of country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 362 E Monument - st -

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 5 - days -

All the above information should be furnished by the Physician.

*Place of Burial,* Greenlawn Cemetery

*Date of Burial,* Sept. 3. d 82

Wm L. Russell M. D.,
Medical Attendant.

*Undertaker,* D. H. Rasin

*Place of Business,* 125 N Eden *Address,* 238 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 695 94 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 2 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* September 1, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Fisher.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give street and Number.} 129 S. Sharp St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Heart Disease

*Duration of Last Sickness,* 2 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cem.

*Date of Burial,* September 2th

*Undertaker,* John Teufel.

*Place of Business,* 796 W. Balto. St.

Alexander Hurley M. D.,

Medical ~~Attendant~~.

*Address,* Center

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59595 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Margaretha Hunter

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} XXX

*Occupation,* XXX

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 224 S. Ann St.

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Sept 3/82

*Undertaker,* C. Eckhardt

*Place of Business,* 269 Canton Ave

James E. Donnelly M. D., Medical Attendant.

*Address,* 299 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 19596 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 1. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Terry Mc Elroy

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 18 Ettiny St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 18 Ettiny St

*Cause of Death,* First, (Primary,) General Debility

Second, (Immediate,) " "

*Duration of Last Sickness,* 9 Days

All the above information should be furnished by the Physician.

*Place of Burial* Bonnebrae

*Date of Burial,* Sept 2nd 1882

*Undertaker,* Wm Wm Cadogan

*Place of Business,* 22 Mulberry St *Address,* 307 Madison Ave

J. B. Browne M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ~~furnish~~ within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore, 18

Permit No. 29391 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 1 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles A. Hoen

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — / *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} S. E. Cor Scott & St Peters

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home

*Date of Burial,* 3 Sept.

*Undertaker,* F. F. Tamuth.

*Place of Business,* Cor Scott & Pratt

A. Hatton M. D., Medical Attendant.

*Address,* 243. Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 56558 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HALTIMORE HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bright Morrison

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 1 *Months,* 14 *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 31 York St.

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Death,* Sept 2/82

*Undertaker,* A Funk

*Place of Business,*

F. C. Wilson *M. D.,*

Medical Attendant.

*Address,* 55 Hanover

Duplicate

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married, single or widow) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 19099 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* .....

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

*Sex, Male or Female,* { Cross out the word not required in this line. } .....

*Age,* ..... *Years,* ..... *Months,* ..... *Days,*

*Color,* .....

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } .....

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) ..... }

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Sept. 3rd 82

{ *Undertaker,* G. France ..... M. D.,
{ *Place of Business,* Bank & Wolfe *Address,* ..... Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 5961 0 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 1. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Kirschner

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 14 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number. } 215 Mullikin St.

*Cause of death,* First, (Primary,) Croup

Second, (Immediate,) .....

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* Sept 3 1882

*Undertaker,* G. Frana

*Place of Business,* Bart & Wolfe Address, 369 E. Baltimore St.

H. Hollenberg M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 5981 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 9 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 1/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Klein

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* ..... *Months,* 5 10/12 ~~*Days.*~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and Number.} 131 Hanover St.

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Laryngitis.

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* September 2.

*Undertaker,* B. Hart

*Place of Business,* 83 West St

Jno. N. Smith M. D.,
Medical Attendant.

*Address,* 281 St. Charles St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore.

Permit No. 5762 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Septm 25 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara R. Miller

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* 8 ys

*Place of Death,* {Give street and Number.} 604 Light St

*Cause of Death,* First, (Primary,) Artificial feeding

Second, (Immediate,) Emaciation

*Duration of Last Sickness,* 8 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Methodist Prot Cemetery

*Date of Burial,* September 3

*Undertaker,* B. Hess

*Place of Business,* 42 North St

R. M. Elvé M. D.,
Medical Attendant.

Address, 316 Light St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 47

**Permit No.** 59603 *Office of Registrar of Vital Statistics.* **Ward**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

*Date of Death,* Sptb. 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Yagder

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days,*

*Color,* white

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* working in factory

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Columbia (Pennsylvania)

*Duration of Residence in the City of Baltimore,* about 3 years

*Place of Death,* {Give street and Number.} East n. s. of Lightfr.

*Cause of Death,* First, (Primary,) typhoid fever

Second, (Immediate,) exhaustion by diarrhoea,

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lancaster Pennsylvania

*Date of Burial,* ~~August~~ September 2.

*Undertaker,* B. Hurd

*Place of Business,* ~~4 82 Mott Street~~

H. Albers M. D.,
Medical Attendant.

*Address,* 91 S Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

2787

No. 10847

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 1. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of Wm. T. & Maggie Carter

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 12 hours ~~*Days.*~~

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 237 Saratoga St.

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Premature Birth (7½ mos)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* Sept 2-1882

*Undertaker,* Wm Carter

*Place of Business,*

J. W. C. Cuddy, M. D.
Medical Attendant.

*Address,* 137 N. Carrollton Av.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 59605 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* 21. September 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } John Kolpaker

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 6 *Years,* — *Months,* — *Days,*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ~~~

*Occupation,* ~~~

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* during Lifetime

*Place of Death,* { Give street and Number. } S. Ann Street 257.

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,) Angina maligna

*Duration of Last Sickness,* 14 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius Cemetery

*Date of Burial,* Sep 22. 1882

William Henkel, M. D., Medical Attendant.

*Undertaker,* John Heaney

*Place of Business,* 382 Orleans St. *Address,* S. Wolfe str. 117.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 59606 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 1. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ellen Bermingham

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days,*

*Color,* white

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Nine years

*Place of Death,* {Give street and Number.} 140 S. Caul. Ave.

*Cause of Death,* First, (Primary,) Pyaemia

Second, (Immediate,) Pyinpanites

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial* Holy Cross Cemetery

*Date of Burial,* Sept 3

*Undertaker* Henry W. Timis

*Place of Business,* 8 N. Central ave

G. Glanville Rust M. D., Medical Attendant.

*Address,* Balt. & Mol. Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39607 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Auguste Kleinneck

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* five *Years,* 5 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 3 Years

*Place of Death,* {Give street and number.} No 126 S. Spring st

*Cause of death,* First, (Primary,) Diptheria

Second, (Immediate,)

*Duration of Last Sickness,* three days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* Sept 2. 1882

*Undertaker,* J. Landon & Son

*Place of Business,* 202 Canton Ave *Address,* 12 S. Eden st

L. A. Winternitz M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever a person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when [illegible] comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 59608 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 12 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Beck

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* twenty one *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* infant

*Birthplace,* {State of country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 30 ft Carlton Ave

*Cause of death,* First, (Primary,) Convulsions

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* four hours

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* Sept 13 1882

*Undertaker,* C Sanders & Son

*Place of Business,* 202 & 202 Eastern Ave *Address,* [illegible]

Walter Tate *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59609

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 2d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Webster

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days.*

*Color,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and number.} X 383 Orleans St

*Cause of Death,* First, (Primary.) Variola.

Second, (Immediate.)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* Sept 2nd 1882

*Undertaker,* Denny H. Mitchell

*Place of Business,* 65 S Broadway

Saml B. Powell *M.D.*,
Medical Attendant.

*Address,* No 29 Fleet St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5611 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 1. 1882. O.t. 16

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Alois Buttner

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* store - Keeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number.} 53 s Paca street

*Cause of death,* First, (Primary,)

Second, (Immediate,) Marasmus

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Mechanus

*Date of Burial,* Sept 3rd 1882

*Undertaker,* Philip Seward

*Place of Business,* No 5 E. Lex. st

John J. Litzer M. D.,
Medical Attendant.

*Address,* 160 Saratoga st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 29611 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept- 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Quirk

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and Number.} 205 Light- St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Helen Cemetery

*Date of Burial,* Sept- 2/82

Geo. H. Brown M. D.,

*Undertaker,* F. A. Kirchner

*Place of Business,* 52 S Carroll-a Address, Con. of Health ~~Medical Attendant.~~

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {OVER.}

Geo. E. Brown Inspector

# Board of Health, City of Baltimore,

Permit No. 5496R

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 31

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Evans

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days.*

*Color,* Col

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Brick Layer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} No. 12 Mulberry St

*Cause of Death,* First, (Primary.) Pulmonary Phthisis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* a few weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Hampstead Cemetery

*Date of Burial,* Sept 3. 1882

*Undertaker,* Wilmer & Sons

*Place of Business,* 62 East St

W. W. Anthim M.D.,
Medical Attendant.

*Address,* 172 Franklin St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5963 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 10 *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 218 Stirling St.

*Cause of Death,* First, (Primary,) Enteritis

Second, (Immediate,)

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 3. 1882

*Undertaker,* William A. Langer

*Place of Business,* 62 East St

E. B. Fenby M. D.,
Medical Attendant.

*Address,* Cor. Eden & Biddle Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 59614 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 1st 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John McDevitt

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 60 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Moulder

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } Pippins Hotel

*Cause of Death,* First, (Primary,) Heart Disease

Second, (Immediate,) Five Minutes

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 3d 1882

*Undertaker,* Jno H McCoy & Co

*Place of Business,* 422 Hoyard Address. 171 N. Calvert

Geo Bluntz M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59615

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 3 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 2d

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Reinhart

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.} Male

*Age,* 71 *Years,* 5 *Months,* 24 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Clothing Cutter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* About 45 years

*Place of Death,* {Give street and number.} 127 Lemon St.

*Cause of Death,* First, (Primary.) From Natural Causes. Had hydrocele

Second, (Immediate.) inflammation of Stomach & bowels, death several hours

*Duration of Last Sickness,* About 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Cemetary Western

*Date of Burial,* September 4

*Undertaker,* John P Paulus

*Place of Business,* 16 Frederick Ave

H. H. Helms M.D.,
Medical Attendant.

*Address,* 298 N. Lombard St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 59616 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 1, September 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Dooley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 10 Months, Days,

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Nothing

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 135 Wilcomie alley

*Cause of Death,* First, (Primary,) Malarial fever

Second, (Immediate,) Congestion of the Lungs

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 2

*Undertaker,* H Coss

*Place of Business,* 95 Lombard 95

L. A. Dyer M. D.

Medical Attendant.

*Address,* 146, Hill St.

L. D. DYER M. D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5767 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 1 2 3 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Counties

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Ten Years, One Months, Forty Three Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 654 E. Charles St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Pyaemia

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Monday 4th

*Undertaker,* Mrs Booth

*Place of Business,* 707 W Baltimore St

B. F. Phillips M. D.,
Medical Attendant.

*Address,* 327 W Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 39618

# Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 1 2 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 1st September 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine A. Giffin

*Sex,* ~~Male or~~ Female, { Cross out the word not required in this line. }

*Age,* 64 *Years,* 5 *Months,* 16 *Days.*

*Color,* White

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Cincinnati Ohio

*Duration of Residence in the City of Baltimore,* 2 years.

*Place of Death,* { Give street and number. } 243 Dolphin St

*Cause of Death,* { First, (Primary.) Pyaemic Disease of Heart. Second, (Immediate.) 3 mos

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Washington

*Date of Burial,* Sept 3rd 1882

*Undertaker,* C. A. Blizzard

*Place of Business,* 198 Penna Ave

T. W. Owings M.D.,
Medical Attendant.

*Address,* 48 McCulloh St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore,

Permit No. 5761 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 2d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schlenbaker

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Three *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} No. 145 Madonia Alley

*Cause of death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* Two Days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cemetery

*Date of Burial,* Septbr 4th 1882.

*Undertaker,* Peter Frey

*Place of Business,* 91 Eden Alley

Wm H Chandwick, M. D., Medical Attendant.

*Address,* No 102 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 9620 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 3 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 11 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Zink

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* ( *Months,* 23 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 237 S. Wolfe St.

*Cause of Death,* First, (Primary,) Membranous croup

Second, (Immediate,)

*Duration of Last Sickness,* 48 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* St Augustines Cem

*Date of Burial,* Sept 3rd 1882

*Undertaker,* M. Lippel

*Place of Business,* 157 S Bond St

L W Mansfield M. D.,
Medical Attendant.

*Address,* 117 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case is under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5962 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Lange

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and Number.} 16 N. Eutaw

*Cause of Death,* First, (Primary,) Tuberculous Meningitis

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* three days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem.

*Date of Burial,* Oct 3 rd 1882

*Undertaker,* W. Leppert

*Place of Business,* 15 S Bond st.

C. G. Lusk M. D.,
Medical Attendant.

*Address,* Balt. & Charles sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5962 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Henry Holland

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 133 N. Dallas st.

*Cause of Death,* First, (Primary,) Infantile convulsions

Second, (Immediate,)

*Duration of ~~last~~ Sickness,* 24 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Sept 3 1882

*Undertaker,* W. Kipphut

*Place of Business,* 15 & 13 Bond st

R. W. Mansfield M. D.,
Medical Attendant.

*Address,* 117 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59123 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 3 1882 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* September 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Gulick

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.} Male

*Age,* 12 *Years,* 9 *Months,* 6 *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Milwaukee

*Duration of Residence in the City of Baltimore,* 8 Months

*Place of Death,* {Give street and Number.} 19 S. Green st

*Cause of Death,* First, (Primary,) Typhoid Malaria

Second, (Immediate,) Congestion

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* September 4. 1882

*Undertaker,* Philip T. Dill

*Place of Business,* 183 Columbia Ave

C. L. Buddington M. D., Medical Attendant.

*Address,* 66 S. Paca

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Permit No. 51824 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 2 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maigaret Gouiter

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 86 *Years,* 5 *Months,* *Days,*

*Color,* White

*~~Married, Single,~~ Widow or ~~Widower~~,* {Cross out the word not required in this line.} 1

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 38 Years

*Place of Death,* {Give street and Number.} 222 S Sharp st

*Cause of Death,* First, (Primary,) Old age

Second, (Immediate,)

*Duration of Last Sickness,* 4 Month

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* September 4. 1882

*Undertaker,* Philipp J. Dill

*Place of Business,* 183 Columbia Ave

James F Bosley M. D.,
Medical Attendant.

*Address,* 319 Hollins ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 59125

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

SEP 3 1882
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. R. Mark.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 - *Months,* ..... *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto: Life.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 108 Poppleton st.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Cholera Infantum

*Duration of Last Sickness,* 3 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet C

*Date of Burial,* Sept 4 1882

*Undertaker,* J. B. Blackiston

*Place of Business,* 660 W. Lombard St *Address,* Lexington & Carey

Thos Opie, M.D.,
Medical Attendant. 108 N.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5926 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

*Date of Death,* Sept 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Felker

~~Sex~~ ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* 22 *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 328 Canton Ave

*Cause of Death,* First, (Primary,) Dentition

Second, (Immediate,) Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial.* Odorality Grn

*Date of Burial.* Sept 3rd 1882

*Undertaker,* H Sandrock

*Place of Business,* Canton Ave

Geo. W. Dinsmore M. D.,

~~Medical Attendant~~

*Address* Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Emanuel Weissman.

Board of Health, City of Baltimore.

Permit No. 5962 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard S. Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.} .....

*Age,* — *Years,* — *Months,* 19 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bath

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 45 Warren Ave

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Inanition

*Duration of Last Sickness,* —

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* September 4/82

*Undertaker,* Armstrong & Heuisler

*Place of Business,* N. E. Cor Light & Montgomery *Address,* 146 Hanover St

Theodore Cotta M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 59138 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 13 1882
BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 1 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G Spies

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} .....

*Age,* 75 *Years,* ..... *Months,* ..... *Days,*

*Color,* W

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* Brickmaker

*Birthplace,* {State of country, and how long in the United States, if of foreign birth.} Bellaire

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 45 Lee st

*Cause of Death,* First, (Primary,) Asthma

Second, (Immediate,) .....

*Duration of Last Sickness,* Few days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 3d 1882

*Undertaker,* Kemp & Sons

*Place of Business,* 263 Light st

H. W. Mebsler M. D.,
Medical Attendant.

*Address,* 57 Barre st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59129

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH

*Date of Death,* Sept 2d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Wilson

*Sex,* ~~Male~~ / *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 9 *Months,* *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 80 N Spring St

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenbury

*Date of Burial,* Sept 3rd 1882

*Undertaker,* J. J. Jeoches

*Place of Business,* 73 Jefferson

Saml Powell *M.D.,*
Medical Attendant.

*Address,* 129 August St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 59630 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 1st 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Horace Scott

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 70 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* { Give street and number. } * 414 Short Street

*Cause of Death,* First, (Primary.) Cholera Morbus

Second, (Immediate.)

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* Sept 3rd 1882

*Undertaker,* G. F. Leuker

*Place of Business,* 73 Jefferson

Daniel E. Powell M.D.,
Medical Attendant.

*Address,* # 29 Aisquith St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

County of Health, City of Baltimore.

Permit No. 59691 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, SEP 3 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* ~~Aug.~~ Sept. 2nd 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Bachmann

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months,* — *Days,*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} V

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 6 h. Spring 14 N. Spring

*Cause of Death,* First, (Primary,) Variola vera

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mary's Cem.

*Date of Burial,* Sept. 3rd

*Undertaker,* Randall Diffel

*Place of Business,* 2. Bond st. 10

F. Huntress M.D., Medical Attendant.

*Address,* 248 E. Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 59692 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 8. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Lauper

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Fem.

*Age,* 2 *Years,* 1 *Months* 7 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 134 E. Ave

*Cause of Death,* First, (Primary,) Variola.

Second, (Immediate,) Pneumonitis

*Duration of Last Sickness,* Unable to state as D was not in attendance.

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cem

*Date of Burial.* Sep 3 tte

G. G. Cusk M. D.,

Medical Attendant.

*Undertaker,* H Kippel

*Place of Business,* 15 S Bond

*Address,* Balt & Wash. Rds.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57633 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

*Date of Death,* Sept. 1st. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Lang

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days.* 1

*Color,* White

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* Thirty years.

*Place of Death,* {Give street and Number.} N. E. corn. Bond & Gough St.

*Cause of Death,* First, (Primary,) Old age.

Second, (Immediate,) Marasmus.

*Duration of Last Sickness,* Three months.

All the above information should be furnished by the Physician.

*Place of Burial* Mount Carmel

*Date of Burial,* Sep 3 82

*Undertaker,* Wendelin Lippert

*Place of Business,* 1510 Bond St *Address,* 95 Park Ave.

A. F. Erich M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 5 96 34 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* September 2, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Cooper

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 3. *Years,* *Months,* *Days.*

*Color,* Negro race.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 3 yrs.

*Place of Death,* {Give street and number.} No 1. Parrish alley.

*Cause of death,* First, (Primary,) Rachitis,

Second, (Immediate,) Entero-colitis

*Duration of Last Sickness,* 2 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Union Chapel 9 miles on Liberty-Road

*Date of Burial,* Sept 3. 1882

*Undertaker,* John C. Jordan

*Place of Business,* 62 Pratt corner

Edw. Janney, M. D.,
Medical Attendant.

*Address,* 242 W. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59625 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT TO BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2d. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Deiseroth

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

*Age,* 3 *Years,* 8 *Months,* *Days,*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 4 Clarkson St.

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept. 4th 1882

Wm Gombel, M. D.,
Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Address, 1705 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5963.6 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3. d. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Hrotucka

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* 11 *Months,* 0 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 264 S. Frnn St

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,)

*Duration of Last Sickness,* Nine Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. B. Cabinzons Cem.

*Date of Burial,* Sept. 3d 82

*Undertaker,* G. Frsance

*Place of Business,* Bank & Wash

John H Rehburg M. D., Medical Attendant.

Address, 243 Aliceanna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5963 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

*Date of Death,* Sept 2 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ..... V

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} No 142 W. Baltimore St

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* 2 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Sept 3 1882

*Undertaker,* G. Frank

*Place of Business,* Bank & Wash Address, .....

..... M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59638 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

*Date of Death,* Sept. 2/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rabenstein

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* *Months,* *Days,*

*Color,* white

*Married, ~~Single Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Car Driver

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 yrs.

*Place of Death,* {Give street and Number.} 51 Madeira Alley

*Cause of Death,* First, (Primary,) Acute Dysentery

Second, (Immediate,) Inflammation of bowels

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sept. 4 82

*Date of Burial,* St Stephens

*Undertaker,* E. Fisher

*Place of Business,* Bank & Wolfe *Address,* 117 S. Broadway

R. W. Mansfield M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 59629 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* September 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George L. King

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~2~~ *Years,* 4 (four) *Months,* —— *Days,*

*Color,* white

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} No. 385 W. Lombard St

*Cause of Death,* First, (Primary,) Bronchitis capillaris

Second, (Immediate,) Meningitis capillaris

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Park cemetery

*Date of Burial.* Sept 4th 1882

*Undertaker,* J B Cook

*Place of Business,* 709 West Balto St

Henry Palmer M. D., Medical Attendant.

Address, 63 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 59140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F Moore

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 43 *Years,* 6 *Months,* 5 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland. about 16 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 462 Lexington St

*Cause of Death* {First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of last Sickness,* about 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Sept 4th 1882

*Undertaker,* Jas B Cook

*Place of Business,* No 702 W Baltimore Street

Robt L Kuse M. D.
Medical Attendant.

*Address,* 504 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish [illegible] twenty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting [illegible] the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] PRINTERS AND STATIONERS.

Permit No. 59141 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Saturday. Sept 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Park Haverstick

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 46 E. Chase St.

*Cause of death,* First, (Primary,) Tetanus Descentium

Second, (Immediate,) Consecutive Exhaustion

*Duration of Last Sickness,* 48 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 3rd "

*Undertaker,* A. F. N. Poll

*Place of Business,* #131 Hanover St *Address,* 25 ½ Greenmount Ave

Wilmer Dorsey M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 55142 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

*Date of Death,* Sept 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Gray

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 15 *Years,* 6 *Months,* *Days,*

*Colored*

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 41 Little Mc Elderry st

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 5 Months & 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 3 1882

*Undertaker,* William Dyer

*Place of Business,* No 62 East St

E. L. Baldwin M. D.
Medical Attendant.

*Address,* 124 n Exeter st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Permit No. 39643 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* September 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 99 Vincent alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera-infantum

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Shark St Cem

*Date of Burial,* Sept 3rd

*Undertaker,* Dunge

*Place of Business,* W Baltimor

Geo V Smith M. D.,
Medical Attendant.

Address, Com of Health

HEALTH DEPT
SEP 3 1882
BALTIMORE MD

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Haeney McKeown

[over.]

Permit No. 96744 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1882 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* September 2d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Jones

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Nineteen *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* about Sif Months

*Place of Death,* {Give street and number.} 5 Peach Alley

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

*Duration of Last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* Sept 3

*Undertaker,* H Robbs

*Place of Business,* 95 Conway St

Julius Hall M. D.,
Medical Attendant.

*Address,* Southern Dispensary 77 Hill St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59643 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 2 / 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary J Coale

*~~Sex, Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* about 20 *Years,* *Months,* *Days,*

*Color,* Black

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. } M

*Occupation,* Servant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* { Give street and Number. } University Hospital

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Seven Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 4

*Undertaker,* H Ross

*Place of Business* 95 Conway St

West M. D.,
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57646 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1882 BALTIMORE

59646

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2nd. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bernhard

*Sex,* Male ~~Female~~ {Cross out the word not required in this line.}

*Age,* fifty *Years,* *Months,* *Days.*

*Color,* white

*Married,* ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

*Occupation,* laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* thirty years.

*Place of Death,* {Give street and Number.} S. W. cor. Bush & Alice Anna Sts.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Congestive Chill

*Duration of Last Sickness,* A few hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cemetery

*Date of Burial,* Sept 4 Th 1882

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave *Address,* 95 Park Ave.

A. F. Erick M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5964 / *Office of Registrar of Vital Statistics.* Ward Sixth

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sunday Morning Sept 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Brigoman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 6 *Months,* ✓ *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Non

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 16 days

*Place of Death,* {Give street and number.} 26 O Donnell St

*Cause of death,* First, (Primary,) Dysentery

Second, (Immediate,) Dysentery Exhaustion

*Duration of Last Sickness,* 18 or 19 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cem

*Date of Burial,* Sept. 4th 1882

*Undertaker,* H. Saunderson

*Place of Business,* 252 Canton Ave

J E Prichard *M. D.,* Medical Attendant.

*Address,* 28 O Donnell St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5 7648 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2 nd. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Hy. Rodgers

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 7 *Months,* 5 *Days,*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} D. C.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 146 1/2 S. Durham

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,) Effusion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetry

*Date of Burial,* Sept 4th 1882

*Undertaker,* T. J. Fogg

*Place of Business,* 73 Gilmor St

L. L. Mirick M. D.,
Medical Attendant.

*Address,* 44 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59649 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 5 1882 BALTIMORE

59649

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George J. Hoffman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 1 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 237 Brown, 2d

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) albuminia

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sep 5th

*Undertaker,* Henry Breit

*Place of Business,* Penn. Ave. 81

R. J. N. Fall M. D.,
Medical Attendant.

*Address,* 152 Sharp

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 6960 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Septr 3

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Ray

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 8 *Years,* *Months,* *Days,*

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 169 Hanover St

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept 4th 1882

{ *Undertaker,* Julius Koehler

{ *Place of Business,* Sharp & Cross Sts. Address, 213 Light

R H P Ellis *M. D.,* Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Reverse Side, and to List of Diseases on back of this Certificate.

# 15 Board of Health, City of Baltimore,

Permit No. 57651

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 3 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Stevenson.

*Sex, ~~Male~~ Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 21 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 254 Light St.

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 7 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept. 4

*Undertaker,* B. Hazle

*Place of Business,* 82 West St.

I. O. Harrington M. D.
Medical Attendant.

*Address,* Cor Brown & Light Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 59652 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 4 5 1882

# 59652 CERTIFICATE OF DEATH. Sept 3rd 1882

*Date of Death,* Body too much decomposed to tell. Found

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Snyder

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* abt 73 *Years,* — *Months,* — *Days.*

*Color,* W

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Rag cutter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Holland

*Duration of Residence in the City of Baltimore,* abt 22 Years

*Place of Death,* {Give street and Number.} 105 Eastern Avenue

*Cause of Death,* First, (Primary,) old age Suffered

Second, (Immediate.) —

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity C. Co.

*Date of Burial,* Sept 5th 1882

*Undertaker,* H. Canby

*Place of Business,* 40 55 Canby St

Chas. H. Nicholl M. D.,
Medical Attendant.

Address, 69 E. Balto St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Permit No. 9763 Health Office, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 3d

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mellen Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* One *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} W 163 S Eden St

*Cause of death,* First, (Primary.)

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* Sept 4 1882

*Undertaker,* A. Lentz

*Place of Business,* 1135 Bond

L O Whitlock M. D.,
Medical Attendant.

*Address,* 12 S Eden

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 59654 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59654

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mauser.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* 77 *Years,* 5 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give street and Number.} 35 State.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Bright's

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 5

*Undertaker* A. Wadenzer

*Place of Business,*

Dr W. Herman M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within [illegible] superintending the Burial, a Certificate setting forth [illegible] (whether married or single) of the person deceased, and [illegible] death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 59655 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59655 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 5 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sunday 6 o'clock PM Sept 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Bier

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 10 *Months,* 14 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} S

*Occupation,* Born

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Elliott St City

*Duration of Residence in the City of Baltimore,* During life V

*Place of Death,* {Give street and number.} 38 O Donnell St-

*Cause of death,* First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheriac Exhaustion

*Duration of Last Sickness,* 3 day

All the above information should be furnished by the Physician.

*Place of Burial,* St Ursula Cemetery

*Date of Burial,* September 4th

*Undertaker,* E Eatell

*Place of Business,* Elliott St. 87

J E Prichard M. D.,
Medical Attendant.

*Address,* 28 O Donnell St-

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5765 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 4 1882 BALTIMORE

59656

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 4th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernest F. Shelf

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* 11 *Months,* 13 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 349 Eastern Ave

Variola

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) .....

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Sept 4 1882

(James J. McShane) M. D., Medical Attendant.

*Undertaker,* John Hennis

*Place of Business,* 382 Orleans Address, 88 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 5765 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Vannie Thomas Mullen

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 4 *Years,* 7 *Months,* 1 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 11 Falls av

*Cause of Death,* First, (Primary,) Malignant diphtheria.

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenslager

*Date of Burial,* Monday

*Undertaker,* James Bayard

*Place of Business,* Cor Pratt

Geo. B. Lynn M. D.,
Medical Attendant.

*Address,* 171 N. Calvert

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10 — Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 4 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 3d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George S. Kilpatrick

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* One *Months,* six *Days.*

*Color,* *Sex,*

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 290 Franklin St. Baltimore City.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 290 Franklin St. Baltimore City.

*Cause of Death,* {First (Primary,) Inanition

{Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem. A. T. Bell *M. D.*

*Date of Burial,* Sept 30 "1882 Medical Attendant.

{*Undertaker,* Andrews & Rodgers

{*Place of Business,* No 4 & 6 Druid Hill Ave *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[07

Permit No. 5-9639 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 4 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept- 3- 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Howard Nagle

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 3 *Months,* 5 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 93- Pat- Ave

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Sept 4th 1882

*Undertaker,* C. H. Blizzard

*Place of Business* No 191 Penna Ave

H G Houck M. D.,
Medical Attendant.

*Address,* Carey & Eastman Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 59660 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

59660

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 14 1892 BALTIMORE

*Date of Death,* Sept 13

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Smith.

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 63 Parkst

*Cause of Death,* First, (Primary,) Small Pox

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial.* Ct Cem.

*Date of Burial.* Sept 13

*Undertaker,* M Coleman

*Place of Business,*

Geo. W. Dixon M. D.,

~~Medical Attendant.~~

*Address,* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5766 / *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 3d 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amer M Pyle

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 28 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Brakesman

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* 5 Days.

*Place of Death,* { Give street and Number. } University Hospital

*Cause of Death,* First, (Primary,) Injury to head by bridge

Second, (Immediate,) Probable fracture of skull

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial* Aberdeen Md

*Date of Burial,* Sept 4th 1882

*Undertaker,* Thos. S. Hughes & Co

*Place of Business,* 60 E Baltimore Address University Hospital

[signature] M. D.,

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 09662 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 5 1932 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 2. 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Carter

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* at 24 *Years,* *Months,* *Days,*

*Color,* Black

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} St Marys County

*Duration of Residence in the City of Baltimore,* 4 months

*Place of Death,* {Give street and Number.} 3 George Alley

*Cause of Death,* First, (Primary,) Typho-Malarial Fever

Second, (Immediate,)

*Duration of Last Sickness,* Unknown - He came home Tuesday night ill

All the above information should be furnished by the Physician.

*Place of Burial,* W Pac 6

*Date of Burial,* Sept 4

*Undertaker* Jr L Herchmer

*Place of Business,*

H M Wilson Jr M. D.,
Medical Attendant.

*Address,* 257 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Permit No. 5 7663 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine Foran

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} E. Lemit St

*Cause of Death,* First, (Primary.) Softening of the Brain

Second, (Immediate,)

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept 5th 1882

Edwd. J. Nicholson M. D.,
Medical Attendant.

*Undertaker,* Joseph. F. Byrne

*Place of Business,* 5-9 Liberty St *Address,* 283. W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 59664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hiram L. Bannon

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 15 *Years,* 1 *Months,* 3 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Cash Boy

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 105 N. Poppleton St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Typho-Malarial Fever.

*Duration of last Sickness,* 28 days

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted]

*Date of Burial,* Sept 5th

*Undertaker,* H. W. Mears

*Place of Business,* N. Gay st

J. W. C. Cuddy, M. D.
Medical Attendant.

*Address,* 137 N. Carrollton Av.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. [illegible] & CO., CITY PRINTERS AND STATIONERS.

Permit No. 07662 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59665

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

*Date of Death,* Sept 4/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alvin Wilson

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 1 *Years,* 6 *Months,* — *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* { Give street and Number. } 19 Mulliken Al-

*Cause of Death,* First, (Primary,) Small Pox

Second, (Immediate,)

*Duration of Last Sickness,* 2 Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* M. Colman

*Date of Burial,* Sept 4/82

*Undertaker,* E. P. Cemetery

*Place of Business,*

_____ *M. D.,*
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Sec. of Board Inspectors

State of Maryland, City of Baltimore,

Permit No. 59666 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Lee

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 82 *Years,* ..... *Months,* ..... *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Laundress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bald Mill

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 69 Bank st

*Cause of Death,* First, (Primary,) Pulmonary

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Six (6) Months

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Cemetery Old Road

*Date of Burial,* Sept 6th 1882

*Undertaker,* Lemmon & Mitchell

*Place of Business,* 65 S Broadway

J. Shutter M. D.,
Medical Attendant.

*Address,* 1/4 So. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 9786 / *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59667

HEALTH DEPARTMENT SEP 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 9 oclock A M Sunday Sept 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John L Jones

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 20 *Years,* 7 *Months,* ——— *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Non

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and number.} 24 Potomack St

*Cause of death,* First, (Primary.) Epilepsy

Second, (Immediate,) Epilepsy Exostosis

*Duration of Last Sickness,* 3 years and 7 month

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Sept 5th 1882

*Undertaker,* Dinny & Mitchell

*Place of Business,* 65 S Broadway

J E Prichard M. D.,
Medical Attendant.

*Address,* 28 O Donnell St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59668

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59668

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McGlone

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 83 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Nun

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 51 Years

*Place of Death,* {Give street and number.} 126 Caton Road above

*Cause of Death,* First, (Primary.) Exhaustion

Second, (Immediate.) ~~about 12 days~~

*Duration of Last Sickness,* about 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Septr 6th 1882

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 75 N. Charles St. *Address,* 59 Caton Ave

C. B. Gamble M.D.,

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 7667 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59669 No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1882 BALTIMORE

*Date of Death,* Sept 3 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Taylor

*Sex, Male or Female,* {Cross out the word not required in this line.} Female Coloble

*Age,* 4 *Years,* 1 *Months,* *Days,* 7

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 1152 Gusdorf

*Cause of Death,* First, (Primary,) Spasms

Second, (Immediate,)

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Nicholas Cem

*Date of Burial,* Sept 5th 82

*Undertaker,* C. France

*Place of Business,* 7 Bank & Wolfe *Address,*

M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5866/8 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Sellers

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 7 *Years,* 8 *Months,* V *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} # 267 S. Dallas St.

*Cause of Death,* First, (Primary,) Congestion of Brain

Second, (Immediate,)

*Duration of Last Sickness,* Two Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial.* Sept 4th 82

*Undertaker,* J. Thomas

*Place of Business,* Bond & Watts *Address,* 218 Aliceanna St

John H. Kehleyer M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5761 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3rd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benj. Landman

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* *Months,* 4 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } No. 3 Monmouth court

*Cause of Death,* First, (Primary,) Scald

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Sept 5th 82

*Undertaker,* G. Franc

*Place of Business,* Park & Mad

Respectfully, R. W. Manfuld M. D., Medical Attendant.

Address, 117 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 2 16 / Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

59672

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 25 1882

*Date of Death,* September 3/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Burke

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 34 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Stone Mason

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 25 Years.

*Place of Death,* { Give street and Number. } 293 Rumsey St.

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Phthisis

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Sept 5th 1882

*Undertaker,* Chas L Cook

*Place of Business,* 1707 W Balto St

H. L. Grimm M. D., Medical Attendant.

*Address,* 387 W. Lombard

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5973 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59673

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Cooper Elliott

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 3 *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.} W

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 13 Lewis St. Balto.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 13 Lewis St

*Cause of death,* First, (Primary,)

Second, (Immediate,) Convulsions 3 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 5 1882

*Undertaker,* E Pressing

*Place of Business,* 196 E Baltimore

Edwd. P. Davis M. D.,
Medical Attendant.

*Address,* 54 Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5764 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

59674

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 5 1882 HEALTH DEPARTMENT BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 4. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Struck

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 33 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and Number.} 2 Prospect Lane

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* Some months

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept. 5th 1882

*Undertaker,* Adam Fink

*Place of Business,* 461 W. Gay St.

Geo. A. Hartman M. D., Medical Attendant.

Address, 305 St Paul

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 27615 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

39625

# CERTIFICATE OF DEATH.

SEP 5 1882 BALTIMORE

*Date of Death,* Sept 3, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Kellum

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 117 Penn St

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give street and Number.} 138 Penn St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Dentition

*Duration of Last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub County

*Date of Burial,* Sept 4 1882

*Undertaker,* Fred W Kirchner

*Place of Business,* 50 S Carrollton Ave

Alexander Finlay M. D., Medical Attendant.

*Address,* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 0 7 6 6 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

59676

HEALTH DEPARTMENT SEP 15 1902 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 4/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Summerville

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* ~ *Months,* ~ *Days,*

*Color,* Col

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and Number.} 57 Jefferson St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Variola

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* E. P. Cemetery

*Date of Burial,* Sept 4/82nd

*Undertaker,* M. Coleman

*Place of Business,*

Geo W Green M. D.,

~~Medical Attendant.~~

*Address,* Cor of Hall

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Chas. A. Brown Inspector

Permit No. 59677 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 1st 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arnold Schultz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* over 60 Years

*Place of Death,* {Give street and Number.} 237 S. Paca St.

*Cause of Death,* First, (Primary,) Old Age & Gen'l Prostration

Second, (Immediate,) " " " "

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Sept 5th 1882

*Undertaker,* Wm. J. Tickner

*Place of Business,* 136 Camden

L. A. Bell M. D.,

~~Medical Attendant~~ Coroner

Address, 261 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5767 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59678

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1882 BALTIMORE.

*Date of Death,* Sept 4th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } M. Sholder infant

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* ..... *Months,* 1 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ..... V

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } 95 N Chapel St

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 5

*Undertaker,* M. Sholder

*Place of Business,* .....

Geo. W. Dixon M. D.,
~~Medical Attendant~~

*Address,* Cor Eutaw & Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5967 | *Office of Registrar of Vital Statistics.* | Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

5967

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1882 BALTIMORE

*Date of Death,* Sept 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry James

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 40 *Years,* ..... *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 11 Johns alley

*Cause of Death,* First, (Primary,) Double Pneumonia

Second, (Immediate,) Asphyxia

*Duration of Last Sickness* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* W. Mon.

*Date of Burial,* Sept 4

*Undertaker,* F. Kerchner

*Place of Business,* .....

R. H. Turner M. D.,
Medical Attendant.

*Address,* 421 Druid Hill Ave

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 59688

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary J. Blatter

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ohio

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give street and number.} 767 Baratoga St.

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.) Collapse following perforation.

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 5th 1882

*Undertaker,* Dennis & Mitchell

*Place of Business,* 556 N. Fayette St

W. W. Murray M.D.,
Medical Attendant.

*Address,* 308 N. Fayette St.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# // Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Wright

*Sex, ~~Male~~ or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days.*

*Color,* Colored

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} 101 Wilmer alley

*Cause of Death* {First, (Primary.) Valvular disease & Hypertrophy Heart

Second, (Immediate,) Dropsy & Debility

*Duration of last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cem'ty

*Date of Burial,* Sept 3d 1882

Geo L Brewer M. D.
Medical Attendant.

*Undertaker,* Wm J Gray

*Place of Business,* 63 Mulberry St *Address,* 136 Park ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 59682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, September 4th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Diggs

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 59 Years, ____ Months, ____ Days.

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Wash woman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} No 28 Fine St.

Cause of Death, First, (Primary.) Bright's disease

Second, (Immediate,) Coma

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sept 7

Undertaker, Gordon

Place of Business, ____

O. R. Miller M. D.
Medical Attendant.

Address, 234 W Fayette

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 57683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Eye

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} 91 Cambridge St.

*Cause of Death* { First, (Primary,) Cerebro Spinal Meningitis
Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lutheran Cemetery

*Date of Burial,* Sept 4 1882

*Undertaker,* John Herwig

*Place of Business,* 382 Orleans St

Dr [illegible] M. D.
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 27687 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

59684

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1882 BALTIMORE

*Date of Death,* Sept 2 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Jackson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 12 yrs

*Place of Death,* {Give street and Number.} 67 Cumberland st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Laudenum Overdose

*Duration of Last Sickness,* 30 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem'y

*Date of Burial.* Sept 4

*Undertaker,* J Hudgins

*Place of Business,* 320 Pratt

Alexander Finley M. D.
Medical Attendant.

*Address,* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5-9685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 9. 3. 82

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Tompkins

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

*Age,* 64 th. *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,* Widow or Widower,~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Kent Co. Md.

*Duration of Residence in the City of Baltimore,* 17 yrs.

*Place of Death,* {Give street and number} 41 Bruce St

*Cause of Death* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* 1 Yr.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept. 5, 1882

*Undertaker,* Wm. Weaver

*Place of Business,* No 202 N. Eutaw St

W W Kaufman M. D.
Medical Attendant.

*Address,* 349 Lee

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

L3 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 37686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept: 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Scott C Thomas

*Sex, Male ~~or Female,~~* {cross out the word not required in this line.} Male

*Age,* ~~Years,~~ 6 *Months,* 9 *Days.*

*Color,* White

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt: Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Cor. Schroeder & Lexington

*Cause of Death* {First, (Primary,) A feeble child

Second, (Immediate,) Indigestion Life

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Hagerstown Md

*Date of Burial,* Sept 5th

*Undertaker,* Meeth & Shields

*Place of Business,* 60 N Carrollton ave

Tho S Latimer M. D.
Medical Attendant.

*Address,* 187 W. Biddle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 1968 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rebecca Carter

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* 90 *Years,* *Months,* *Days,*

*Color,* W

*~~Married, Single~~, Widow or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } B, City

*Duration of Residence in the City of Baltimore,* Ed 1 yr

*Place of Death,* { Give street and Number. } 6 Williamson Pl

*Cause of Death,* First, (Primary,) old age

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 2 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept 4th 1888 W. P. Ellis M. D.,

*Undertaker,* Smith & Penn Medical Attendant.

*Place of Business,* 263 Fayette Address, 31 S Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59688 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59688 No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents} Wm J Cooney

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} ———

*Occupation,* Manufacturer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

*Duration of Residence in the City of Baltimore,* 17 Years

*Place of Death,* {Give street and Number.} 157 Hanover Ave

*Cause of Death,* First, (Primary,) ———

Second, (Immediate,) Remitting Fever

*Duration of Last Sickness,* 8 days

All the above Information should be furnished by the Physician.

*Place of Burial* Hebron Balto Co

*Date of Burial,* Sept 6th 1882

*Undertaker,* Jno P. Byrne

*Place of Business,* Front St Near Low

Silas N Hunter M. D.,
Medical Attendant.

*Address,* 36 Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 5768 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1853.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Kraft

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Nine *Years,* Eight *Months,* ——— *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 314 Lexington st

*Cause of Death,* First, (Primary,) Dijsthesia

Second, (Immediate,) Prostrature

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cc

*Date of Burial,* Sept 5

*Undertaker,* B. Gluck

*Place of Business,* 82 West M

D. F. Phillips M. D.,
Medical Attendant.

Address, 327 W Lexington st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 37698 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* ~~—~~ April 4th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. McC. Corbin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days,* 1

*Color,* White

*Married, Single, ~~Widowed or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Moulder

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 1

*Place of Death,* {Give street and Number.} 177 S. Washington st

*Cause of Death,* First, (Primary,) Confluent

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* ~~177 S. Washington st~~ Loudon Park

*Date of Burial,* Sept 5th 1892

*Undertaker,* M Clarke & Son

*Place of Business,* 52 E. Pratt

John F. Monnaucin M. D.,
Medical Attendant.

*Address,* S.W. Cor. Calvert & Read sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

10.30 A. M.

Permit No. 59691 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59691

# CERTIFICATE OF DEATH.

*Date of Death;* Unknown Found Sept 4th 62 Key Wall,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} —

*Age,* about 40 *Years,* — *Months,* — *Days.*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} Found at County Wharf

*Cause of Death,* First, (Primary.) accidentally drowned (Supposed)

Second, (Immediate.)

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* E P Cemetery

*Date of Burial,* Sept 4

*Undertaker,* McColmin

*Place of Business,*

Chas Norris M. D.,

Coroner E.D. Medical Attendant.

*Address,* City Md

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 59692 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59692 No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* September 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Johan Hermann Christoffersen

*Sex,* Male ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 18 *Years,* — *Months,* — *Days.*

*Color,* W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Seaman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Neurumnebeck Bremen

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} Ship Erwin, Harfen Wharf

*Cause of Death,* First, (Primary,) Accidentally Drowned

Second, (Immediate,) Sudden Death

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial* Trinity Cemetery

*Date of Burial,* Sept 5th 1882

*Undertaker,* C. Schuh

*Place of Business,* 266 Alice Anna *Address,* 64 Balto St

C. Mallonee M. D., Coroner E.D. Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57693 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 4/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. A. Garfield Leddon

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* 9 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 152 E. Pratt St.

*Cause of Death,* First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt.

*Date of Burial,* Sept 6 '82

*Undertaker,* Ly & Lee

*Place of Business,* 121 So Broadway

R. W. Mansfield M. D.,
Medical Attendant.

*Address,* 117 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# 20 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5-9624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 9.4.82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Myt. Virginia Gans.

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

*Age,* ~~Years,~~ *Months,* 7 Wks ~~Days.~~

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 7 Wks

*Place of Death,* {Give street and number} 100 Lemmon St

*Cause of Death* { First, (Primary.) Cholera Infantum
Second, (Immediate.)

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral cemetery

*Date of Burial,* Sept 5th 1882

*Undertaker,* Jos B Loch

*Place of Business,* 1707 N Baltimore Street

W. H. Eastman *M. D.*
Medical Attendant.

*Address,* 324 Lem

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

{over}

Permit No. 57679 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59695

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1882 BALTIMORE

*Date of Death,* Sept 4th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanni Juliana Henrietta Heiland

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* 6 *Months,* 18 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* House wife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Twenty eight years

*Place of Death,* {Give street and Number.} 11 Forrest St.

*Cause of Death,* First, (Primary,) Cancer of Stomach

Second, (Immediate,)

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial* Western cemetery

*Date of Burial,* Sept 6th 1882

*Undertaker,* Wm B Cook

*Place of Business,* 1707 W Baltimore Street

L. Frithiam M. D.,
Medical Attendant.

*Address,* 584 W Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

# 13 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 5. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lijewski.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* / *Months,* 8 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimd.

*Duration of Residence in the City of Baltimore,* 31 days

*Place of Death,* {Give street and number} 2 Bartlett st.

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) ____

*Duration of last Sickness,* Since birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Alfonsius Cemetery

*Date of Burial,* September 6 1882

A. G. Watts. M. D.
Medical Attendant.

*Undertaker,* Philipp J. Dill

*Place of Business,* 188 Columbia Av. *Address,* 106 Columbia Av.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Permit No. 5-9697 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 5. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Walker

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days,* 4

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md. since birth

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and Number.} 228 Clinton Ave.

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,) Septic & mischief

*Duration of Last Sickness,* Unable to state, not in attendance

All the above information should be furnished by the Physician.

*Place of Burial,* Evangelical Cem. *Date of Burial,* Sept. 6, 1882

G. G. Lurk M. D.,

Medical Attendant.

*Undertaker,* J. C. Saunders & Son *Place of Business,* 222 Lanvale St. *Address,* Balt. Md.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59698 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59698 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 3d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Owens,

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Localist County Md

*Duration of Residence in the City of Baltimore,* 7 years.

*Place of Death,* {Give street and Number.} No. 116 South Haigh St,

*Cause of Death,* First, (Primary,) Puerperal State,

Second, (Immediate,) Typho malarial fever,

*Duration of Last Sickness,* Six weeks,

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Church of all Saints.~~ Cath. Cem.

*Date of Burial,* Sep. 6 82

John Jones, M. D.,

Medical Attendant.

*Undertaker,* Mr. Fenby

*Place of Business,* No 35 Bank St *Address,* 5 Hamilton St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Permit No. 59698 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59699 No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 4th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Pauline Bauer

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 1 *Years,* 7 *Months,* 6 *Days.*

*Color,* Wh

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number. } 38 E. Register St.

*Cause of death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* A few hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 6. 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 5 Broadway

E. B. Sutton M. D.,
Medical Attendant.

*Address,* 51 So. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 07708

Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

SEP 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lester Jane Mitchell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* V *Days.*

*Color,* mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Washwoman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and number.} 16 South

*Cause of Death,* First, (Primary.) Peritonitis following pelvic

Second, (Immediate.) abscess

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Sept 6 1882

*Undertaker,* S McChase

*Place of Business,* 98 Howard St

Cameron Smith M.D.,
Medical Attendant.

*Address,* 32 St Paul Pl

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 59701 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

59701

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 1882 BALTIMORE

*Date of Death,* Sept. 3rd, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Delaney

*Sex, Male or Female,* {Cross out the word not required in this line.} ✓

*Age,* 24 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Servt.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. County Md.

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give street and Number.} 62 Addison st.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Typhoid Fever

*Duration of Last Sickness,* 1 week

All the above Information should be furnished by the Physician.

*Place of Burial* St Mary Cemetery Balt Co

*Date of Burial.* Sept 5 1882

*Undertaker,* James P. Byrne

*Place of Business,* No 68 n Front st

Jno. Wm Boyle M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Office, City of Baltimore,

Permit No. 5702 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH OFFICE SEP 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Owens

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 67 *Years,* —— *Months,* —— *Days,*

*Color,* ——

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 31 Yrs

*Place of Death,* {Give street and Number.} 23 Lexington St

*Cause of Death,* First, (Primary.) Apoplexy

Second, (Immediate,) Hemorrhage

*Duration of Last Sickness,* 10 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* Sept 5 1882

*Undertaker,* Jas O Byrne

*Place of Business,* 63 Hanover

J A Brantham M.D., Medical Attendant.

*Address,* 359 Fremont St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59703

Bureau of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59703

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

SEP 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 4th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia H Fields

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* Black

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Phila

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 42 Chesnut Ct

*Cause of Death,* First, (Primary.) Asthenia

Second, (Immediate.)

*Duration of Last Sickness,* about 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Sept. 5. 1882.

*Undertaker,* Wm N. Bradley

*Place of Business,* 476 Eden

D W Bartlett M.D.,
Medical Attendant.

*Address,* 217 Bank

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 59704 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 C 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 5. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Chase

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, 11 Days,

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Beet.

*Duration of Residence in the City of Baltimore,* 4 1/2 C.

*Place of Death,* {Give street and Number.} No. 193 N. Fremont St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 41 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Sept. 6th 1882

*Undertaker,* L. Levis Schafer

*Place of Business,* 109 N. Fremont

C. T. Neff M. D.,
Medical Attendant.

*Address,* 306 N. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

*Permit No.* 59705 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eldridge Packham

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* 2 *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} — — — —

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} Cor Edard & John Sts

*Cause of Death,* First (Primary,) Enteritis

Second (Immediate,) Effusion of Brain

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept. 6th 1882

J. M. Watson M. D.
Medical Attendant.

*Undertaker,* J. Schilling

*Place of Business,* Monument & Cisquette *Address* 437 N. Entaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Permit No. 59706 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59706

# CERTIFICATE OF DEATH.

SEP 7 1892 BALTIMORE

*Date of Death,* September 5-1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma S. Bonnell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 7 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 2243 E. Chase St

*Cause of Death,* First, (Primary,) Gastro Enteritis

Second, (Immediate,) Inanition

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial* Balto Cemetery

*Date of Burial,* Sept 7. 10 am

*Undertaker,* John W. Jackson

*Place of Business,* 9 or 11 Cordish & Fry

Geo Taylor M. D.,
Medical Attendant.

*Address,* 222 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 9707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

SEP 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 5 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas L Barron

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 42 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single, Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,* Clerk

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 30

*Place of Death,* { Give street and number. } 156 N Calvert St

*Cause of Death,* { First (Primary,) Intoxication (supposed) / Second (Immediate,) Congestion of brain

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Loudon Park~~ Balto J G. Conrey. *M. D.*

*Date of Burial,* Sept 6. 1882 *Medical Attendant.*

*Undertaker,* Beckelman & Barman *Address* Coroner

*Place of Business,* 38 Enon St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

Permit No. 5708 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Short

*Sex,* ~~Male or Female,~~ {Cross out the word not required in this line.}

*Age,* 056 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 28 Years

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,) Epithelioma of Rectum

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 13 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount.

*Date of Burial,* Sept. 7. 1882

*Undertaker,* Thos. S. Vaughey

*Place of Business,* 60 E Baltimore

West M. D.,

Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 37709 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Anna Mina Stehle 5 September 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.}

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 808 N. St

*Cause of death,* First, (Primary,) Tumor Complaint

Second, (Immediate,) Weakness

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* M. Peters Cemetery

*Date of Burial,* September 7th 82

*Undertaker,* John F. Pue

*Place of Business,* 858 W. Pratt St.

A. E. Reinhard M. D.,
Medical Attendant.

*Address,* 224 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

State of Maryland, City of Baltimore, (2)

Permit No. 59710 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Wittman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 2 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 324 Eastern Av.

*Cause of Death,* First, (Primary,) Diptheria.

Second, (Immediate,)

*Duration of Last Sickness,* Five Days

All the above information should be furnished by the Physician.

*Place of Burial,* German Reutat Cemtry

*Date of Burial,* Septr 6th 1882

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Ann.

John H. Kehlberger M. D.,
Medical Attendant.

*Address,* # 243 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5-9111 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Dorsey

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 3 *Months,* — *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 1 year

*Place of Death,* {Give street and Number.} ★ 55 Columbia st

*Cause of Death,* First, (Primary,) [illegible]

Second, (Immediate,) Consumption

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept. 6th 1882

*Undertaker,* Wm H Bishop Jr

*Place of Business,* 97 & Hill av.

J. A. Gillis M. D.,
Medical Attendant.

*Address,* 150 N Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 9712 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP. 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Hooper

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Engineer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} No 128 Granby st

*Cause of death,* First, (Primary,)

Second, (Immediate,) Typho-Malarial Fever

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 6th 1882

*Undertaker,* Dennis & Mitchell

*Place of Business,* 68 S. Broadway

J Ridgely Rowe M. D., Medical Attendant.

*Address,* 121 E Baltimore st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59713 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59713

# CERTIFICATE OF DEATH.

SEP. 6. 1892 BALTIMORE

*Date of Death,* September th 5th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} infant Child of Mary Dorsey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* one *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 133 Harmony Lane

*Cause of Death,* First, (Primary,) Enanthei

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Burial

*Date of Burial,* the 6

*Undertaker,* Mr Dangor

*Place of Business,*

Geo. W. Dawson M. D.,

Medical ~~Attendant~~.

*Address,* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 5 9 7 1 4 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Henry Thompson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 8 *Months,* 12 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and Number.} 65 N Durham St

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Lemuel Cemetery

*Date of Burial,* Sept 6th 1882

D W Cathell M. D.,
Medical Attendant.

*Undertaker,* Thos J Lochary

*Place of Business,* #73 Jefferson Address, 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5 9715 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

5 9715

# CERTIFICATE OF DEATH.

SEP. 6 1882 BALTIMORE

*Date of Death,* Sept. 5th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. George Frankenberg

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 24. *Years,* 6 *Months,* *Days.*

*Color,* white.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* telegraphist.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give street and Number.} 16 S. Washington St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Typhoid Fever.

*Duration of Last Sickness,* Ten days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Athanasius Cem

*Date of Burial,* Sept 7th 82

*Undertaker,* G. Kramer

*Place of Business,* Bank & Wolfe *Address,* 95 Park Ave

A. F. Erich M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker of other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 9716

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

SEP 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 5th September 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leah Bridge

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 347 W. Gay St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept. 7th 1882

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 N. Gay St.

H. W. Quinby *M.D.,*

Medical Attendant.

*Address,* 48 McCulloh St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 3991 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59717 No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF ~~DEATH~~.

SEP. 6, 1882 BALTIMORE

*Date of Death,* Sept 5th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Berry,

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 8 Months, 4 Days.

*Color,* White,

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City,

*Duration of Residence in the City of Baltimore,* and his life,

*Place of Death,* {Give street and number.} 1646 Orchard St

*Cause of death,* First, (Primary,) Pertussis & Pneumonia,

Second, (Immediate,) Convulsions,

*Duration of Last Sickness,* Was ill Two days. (under Physician's care four days)

All the above information should be furnished by the Physician.

*Place of Burial,* Washington Road Bal

*Date of Burial,* Sept 7th 1882

*Undertaker,* John S Marcher

*Place of Business,* No 130 Eastern Av

John L. Kroger M. D.,
Medical Attendant.

*Address* 273 W Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59718 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP. 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

Date of Death, Sept. 6th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Claudia Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 Years, 0 Months, 0 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and Number.} 211 S. Wolf St

Cause of Death, First, (Primary,) Cholera Infantum.

Second, (Immediate,)

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cem. John H. Rehberger M. D.,

Date of Burial, 6 Sept. 1882 Medical Attendant.

Undertaker, W. Dippel Address, 243 Aliceanna St.

Place of Business, 1512 Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 5979

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 5. 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George R. Green.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 32 *Years,* — *Months,* — *Days.*

*Color,* Black.

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} M

*Occupation,* Porter.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* 20 years.

*Place of Death,* {Give street and number} 241 Dover St.

*Cause of Death,* First, (Primary,) Serous Apoplexy.

Second, (Immediate,) Coma.

*Duration of last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bloomfield Cemetery

*Date of Burial,* Sept 6th 1892

*Undertaker,* S. W. Chase

*Place of Business,* 98 E. Howard St.

A. G. Watts, M. D.
Medical Attendant.

*Address,* 106 Columbia Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 5-9728 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Scott Burke

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 4 *Months,* ..... *Days,* 1

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } S

*Occupation,* S

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 104 E. Monument

*Cause of Death,* First, (Primary,) Convulsion

Second, (Immediate,)

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Sept 5th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Grummont Ave

Geo E Reynolds M. D.,
Medical Attendant.

*Address,* 711 N. Calvert St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

mit No. 59721 *Office of Registrar of Vital Statistics.* Ward X

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, quested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP. 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*te of Death,* Sept 5th 1882

*ll Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Eleanora Wagman

*, Male or Female,* {Cross out the word not required in this line.} Female

*e,* 2 1 *Years,* — *Months,* — *Days,*

*lor,* White

*rried, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*cupation,* None

*rthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*uration of Residence in the City of Baltimore,* 16 months

*lace of Death,* {Give street and Number.} 170 Eutaw St

*ause of Death,* First, (Primary,) Inflam of Liver

Second, (Immediate,) 5 days

*uration of Last Sickness,*

All the above Information should be furnished by the Physician.

*lace of Burial,* Bacto

*ate of Burial,* Sept 7

*Undertaker,* Krauce

*Place of Business,*

E. J. Williams M. D., Medical Attendant.

*Address,* 170 Eutaw St

***Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 57722 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP. 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Cain

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 11 *Months,* 0 *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Butte City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 119 Fed. Ave.

*Cause of death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* 2 years.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 6th 1882

*Undertaker,* Daniel Flynn

*Place of Business,* 109 West St

Edward J. Kidwell M. D.,
Medical Attendant.

*Address,* 57 Augusta Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59723 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

59723

HEALTH DEPARTMENT SEP 6 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotta Bell

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} —

*Age,* 5 *Years,* — *Months,* — *Days,*

*Color,* col

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 212 Hughes St

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* Sept 3 82

*Undertaker,* F. A Kerchner

*Place of Business,* 50 S Carrollton Ave *Address,* —

——— *M. D.,*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

Sept 20 Jos. E. Brown Surgeon

Permit No. 59724 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

59724

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3 - 82 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Sharp

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 10 *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} ~~12~~ 9 Claut Alley

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp st Cemetery

*Date of Burial,* Sept. 6

*Undertaker,* Geo. W. Perkins

*Place of Business* 190 Henrietta St.

W. S. Baer M. D.,
Medical Attendant.

*Address,* 210 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 59725 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59725

# CERTIFICATE OF DEATH.

*Date of Death,* September 4 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A Hardee

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} /

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 76 Lairs alley.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial.* Sep 6

*Undertaker,* Geo. W Perkins

*Place of Business,* 130 Henrietta

W. S. Booze M. D.,
Medical Attendant.

*Address,* 210 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 59726 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

59726

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 6. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith E. Hoffman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 11 *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 146 N. Fremont.

*Cause of Death,* First, (Primary,) Cholera Infant.

Second, (Immediate,) —

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park Cemetery

*Date of Burial* September 7. 82

*Undertaker* Philipp J. Dill

*Place of Business,* 183 Columbia St. *Address,* 226 Mulberry

Louis Chas. Horn M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Permit No. 5992 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59727 No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 6 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Pullen

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Butcher

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give street and Number.} City Hospital

*Cause of Death,* First, (Primary,) Died from the effects of

Second, (Immediate,) Laudnum, taken with suicidal intent

*Duration of Last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cemetery Church Road

*Date of Burial,* Sept 8/82

*Undertaker,* Fry & Son

*Place of Business,* 67 So Eutaw

T G Connelly M. D.,
Medical Attendant.

*Address,* Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 1720 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59728

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Nettie Holter

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower.* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 633 N. Gay St.

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,) Nephritis

*Duration of Last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial* St Athanus

*Date of Burial,* Sept 7

*Undertaker,* L Halter

*Place of Business,*

E. B. Fenby M. D.,
Medical Attendant.

*Address,* Cor. Eden & Biddle Sts.

HEALTH DEPARTMENT SEP 6 1882 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Death Certificate  Date Sept 6th

Name - Maggie Gerber.

Age - Eighteen months.

Residence - 201 Cookson St.

Sex - Female

Color - White

Birth place - Balt. City.

Parents from - Bavaria.

Cause of Death. Varioloid.

Signed L R. Coates M D.

Balt. Md. 118 Cathedral St.

City.

+ 5-9729

* See following certificate

Permit No. 59729 *Office of Registrar of Vital Statistics.* Ward [illegible]

[illegible] ation of [illegible] rately filled out, to the [illegible] after the dest[illegible] sed, or sooner, if requested so to do [illegible]

No Permit for Burial can be Obtained without a Proper Certificate.

59729

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 6 7 1882 BALTIMORE

*Date of Death,* Sept 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Gunter

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* — *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life - Time

*Place of Death,* {Give street and Number.} 201 Cookerie St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) - Small Pox

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* Sept 6/82

*Undertaker,* F. A. Kerchner

*Place of Business,* 55 S. Carroll St Address,

L R Coates — M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown Inspector

Health Department, City of Baltimore, 92

Permit No. 59730 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6th — 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice.

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* — *Months,* 21 *Days,*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* Life —

*Place of Death,* { Give street and Number. } St. Vincent's Infant Asylum.

*Cause of Death,* First, (Primary,) Marasmus.

Second, (Immediate,)

*Duration of Last Sickness,* Life —

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae —

*Date of Burial,* Sept. 7/82.

*Undertaker,* Pat. Hunt.

*Place of Business,* Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

*Address,* Harlem av. Calhoun

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 59731 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59731

HEALTH DEPARTMENT SEP 7 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 6

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Shillington Meale

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* 1 hr *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 52 Canal alley

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Enanition -

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Sept 7

*Undertaker,* Ross

*Place of Business,*

Wm. P. Dunton M. D., Medical Attendant.

Address Can of Hand

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 39732 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 6 1892 BALTIMORE

*Date of Death,* September 6 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Betz

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 4 *Years,* one *Months,* *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } 420 Caroline av.

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cem

*Date of Burial,* Sept 7th 92

*Undertaker,* G. Franz

*Place of Business,* Bond & Wolfe *Address,* 1 No. Broadway.

J. L. Watkins M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5-8783 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 6 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luther Wolfman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} N. 165 E Pratt st

*Cause of death,* First, (Primary,)

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 13 days, Cause never known Home Thought tried

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Cemetery

*Date of Burial,* Sept 7th

*Undertaker,* Fred. Goode

*Place of Business* No 29 S Exeter St *Address,* 121 E Baltimore

J. Ridgway Hood M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or in the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5-6734 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1882 BALTIMORE

*Date of Death,* Wednesday Sept 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} August Buckstein

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Son

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 3 Weeks

*Place of Death,* {Give street and number.} 26 O Donnell St

*Cause of death,* First, (Primary,) Dysentery

Second, (Immediate,) Dysentery

*Duration of Last Sickness,* Was Sick during the Voiage on Ship

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cem

*Date of Burial,* Sept 8 1882

*Undertaker,* H Sandgebson

*Place of Business,* 252 E Eastern Av. *Address,* 26 O Donnell St

J E Prichard *M. D.,*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 19736 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1882 BALTIMORE

*Date of Death,* Sept. 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Bochman

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* 4 *Months,* 21 *Days,*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housekeeping wife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give street and Number.} 17 E. Lombard St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Adynamia

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Sept. 7. 1882

*Undertaker,* H. Danby & Son

*Place of Business,* 252 Canton Ave.

A. Brophy M. D.,
Medical Attendant.

*Address,* 11 S. Howard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 57736 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Heinbuch

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 7 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 15 S. Bradford Alley

*Cause of Death,* { First, (Primary,) Diphtheritic Croup / Second, (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* Sept. 7. 1882

*Undertaker,* Chandler & Fox

*Place of Business* 252 Eastern Ave. Address, 68 S. Broadway

James F. H. Shaw M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 5-7737 *Office of Registrar of Vital Statistics.* Ward X

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1882 BALTIMORE

*Date of Death,* September 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Domenico Monfalcone

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 7 *Months,* 27 *Days,*

*Color,* White

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} No 66. East Pratt st

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Croup

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 7th 82

*Undertaker,* Duncan & Mitchell

*Place of Business,* 65 S Broadway *Address,* 92 Jackson Place

Thomas B. Evans M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 69738 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rutherford

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 9 Years

*Place of Death,* {Give street and Number.} 24 Hillen St.

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of Last Sickness,* 6 months

All the above Information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* Sept 7th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Gilmor *Address,* Cor Eden & Biddle

E. B. Fenby M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 69739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 7 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary G. Kemp

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Eighty Two (82) *Years,* ..... *Months,* ..... *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Norfolk Va

*Duration of Residence in the City of Baltimore,* about three months

*Place of Death,* {Give street and number} 264 N. Gilmor

*Cause of Death,* First, (Primary.) Indigestion

Second, (Immediate,) Senility

*Duration of last Sickness,* about two months

All the above information should be furnished by the Physician.

*Place of Burial,* Norfolk Va

*Date of Burial,* 7th Sept 1882

*Undertaker,* Wm. Ennis Son

*Place of Business,* 925 E. Baltimore

Wm. R. Quinan M. D.
Medical Attendant.

*Address,* 71 N. Gilmor St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

Permit No. 5740 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 6 — 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Buchanan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 41 *Years,* 7 *Months,* 16 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Tinner

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 41 y, 16 d.

*Place of Death,* {Give street and number.} 123 Battery ave.

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Consumption

*Duration of Last Sickness,* Some time

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park.

*Date of Burial,* Sept 8

*Undertaker,* B. Glass

*Place of Business,* 42 West St

R. C. Lee M. D.,
Medical Attendant.

*Address,* Hanover & Baltimore Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5971 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 7 8 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet A Groff

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

*Age,* — *Years,* 9 *Months,* 7 *Days,*

*Color,* White

*Married, Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* 9 mos & 7 days

*Place of Death,* {Give street and Number.} No 5 N. Dent Ave

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Chol. Infl-

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 8

*Undertaker,* H. Hoen

*Place of Business,* N. Central Ave *Address,* 157 E. Balto. St

Wm H Norris M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

19

# Board of Health, City of Baltimore,

**Permit No.** 59742

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 7 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly Watson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 5 *Months,* 15 *Days.*

*Color,* Black *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balt- Amer

*Duration of Residence in the City of Baltimore,* 5 Yrs 15 days

*Place of Death,* {Give street and number.} 4 Parish alley

*Cause of Death,* First (Primary,) Diphtheria

Second (Immediate,) Cerebral Congestion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 7th 1882

*Undertaker,* Jos. H. Coots

*Place of Business,* 1207 N. Baltimore Street

Edward Latham M. D.
Medical Attendant.

*Address* 708 E Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 6974 3 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1882 BALTIMORE

*Date of Death,* Sept 6th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin F. Day

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 25 *Years,* *Months,* *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* Clerk

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* about 10 or 12 Years

*Place of Death,* { Give street and Number. } 37 S. Schroeder St

*Cause of Death,* { First, (Primary,) / Second, (Immediate,) Typhoid Fever

*Duration of Last Sickness,* About Four Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Woodbine Cemetery, Co

*Date of Burial,* Sept 8th 1882

*Undertaker,* Jas B Cook

*Place of Business,* No 707 W Baltimore St

W. R. McKeen M. D.,
Medical Attendant.

*Address,* 582 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 69744 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of Law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 7 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 6th Sept 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Garfield Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 8 *Months,* ..... *Days,*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 14 Hillst

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Bethel Cemetery

*Date of Burial,* Sept 8th 1882

*Undertaker,* Armstrong & Denn

*Place of Business,* 268 Light St. *Address,* [illegible]

H. W. Welch M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City [illegible]

Permit No. 69745 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 7 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Ward

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days,*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 4 Years

*Place of Death,* {Give street and Number.} 176 S. Central ave

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* about 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* September 7th 1882 Geo. B. Rayner M. D.,

Medical Attendant.

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Bond Address 27 N. Calvert St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City [illegible],

Permit No. 59746 *Office of Registrar of* [illegible] *Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 7 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Murphey

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* 6 *Months,* *Days,*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give street and Number.} 16 S. Carey st

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Softening of Brain

*Duration of Last Sickness,* about 15 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenslager

*Date of Burial,* Sept. 7th

[illegible] M. D.,

Medical Attendant.

*Undertaker,* Bakerwell & Son

*Place of Business,* 660 W Lombard *Address,* 582 W Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59747 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 7 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Parker Dugan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 9 *Months,* — *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* 1 Yr 9 mos

*Place of Death,* {Give street and Number.} 107 Druid Hill Ave

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Peritonitis

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* Sep. 7

*Undertaker,* Geo. W. Perkins

*Place of Business,* 180 Henrietta *Address,* 180 N Eutaw St

J. A. Gillis, M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

SEP 7 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin F Joynes

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* 12 *Months,* ____ *Days.*

*Color,* White *Sex,* ____

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Talbot Co. Md

*Duration of Residence in the City of Baltimore,* 8 Months

*Place of Death,* {Give street and number.} No 329 E Eager St

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,) ____

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Methodist Cemetery *Date of Burial,* Sept 8th 1882

J. H. Bolton M. D.
Medical Attendant

*Undertaker,* John Fuge *Address* S E Cor Gay & Caroline Sts

*Place of Business,* 166 Patapsco St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 5-9749 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 7 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa A. Lenfz

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and Number.} 272 S. Eutaw

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cirrhosis of the Stomach

*Duration of Last Sickness,* 1 year

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 8th 1882

*Undertaker,* Ernst Gilbert

*Place of Business,* 220 Saratoga St.

Theodore Cotte M. D.,
Medical Attendant.

Address, 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 5 7750 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Portia Greentree

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 23 *Years,* 5 *Months,* 4 *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* ~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 57 - S Chester St

*Cause of Death,* First, (Primary,) Acute Nephritis

Second, (Immediate,)

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 8th 82

*Undertaker,* Deury & Mitchell R. M. Cathell M. D.,

*Place of Business,* 65 S Broadway *Address,* 57 Bremen

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 19751 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Myers

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 36 12 Hours ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X X X

*Occupation,* X X X

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 233 E Lombard

*Cause of Death,* First, (Primary,) Eclampsia

Second, (Immediate,) .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Sept 8. 1882

*Undertaker,* H. Hofmann

*Place of Business,* 63 N. Eden St

James E Linville M. D.,
Medical Attendant,
*Address,* 299 E. Balto St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

# Board of Health, City of Baltimore,

Permit No. 5762 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Johnson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* One *Months,* ..... *Days,*

*Colored*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 44 Little M. Eldry st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Meningitis

*Duration of Last Sickness,* From birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 7 1882

*Undertaker,* Wm. H. Dunger

*Place of Business,* 162 East st

E. C. Baldwin M. D.,
Medical Attendant.

*Address,* 124 n Exeter st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 5-2723 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sep. 7 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stewart Mary Emma McAleer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days.*

*Color,* wht

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} N.Y.

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give street and number.} 21 N. Calhoun st

*Cause of death,* First, (Primary,) Pulmonary consumption

Second, (Immediate,)

*Duration of Last Sickness,* 10 mo

All the above information should be furnished by the Physician.

*Place of Burial,* New York City

*Date of Burial,* Sept 9" 1882 G Lane Tanyhill M. D.,

*Undertaker,* Denny & Whitehall Medical Attendant.

*Place of Business,* 550 W Fayette St *Address,* 129 W Fredale

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 1882

Permit No. 5775 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* 7th September 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalie I Kuhns,

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 7 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 69 Harlem Avenue Balto City,

*Duration of Residence in the City of Baltimore,* During Life,

*Place of Death,* {Give street and Number.} 69 Harlem Avenue

*Cause of Death,* First, (Primary,) Diphtheria,

Second, (Immediate,) Asphyxia

*Duration of Last Sickness,* Three days,

All the above Information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cy

*Date of Burial,* Sept 8th 1882

*Undertaker,* [illegible]

*Place of Business,* 38 Park Ave.

Chas. L. Jones M. D.,
Medical Attendant.

*Address,* 530 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

18

Permit No. 59755

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Tracksey

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* Black

*Married,* ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 21 Winter St

*Cause of Death,* First, (Primary.) Heart Disease

Second, (Immediate.) Dropsy

*Duration of Last Sickness,* Five Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharsh.

*Date of Burial,* Sept 8

*Undertaker,* C Wade

*Place of Business,*

A M Belt M.D.,
Medical Attendant.

*Address,* Cor Lee & Sharp sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

21

# Board of Health, City of Baltimore,

*Permit No.* 59756

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6 - 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. }

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } City Hospital

*Cause of Death,* { First (Primary,) Hemorrhage of the blood vessels of the Brain
Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,*

*Date of Burial,*

H. Connolly *M. D.*
~~Medical Attendant~~

{ *Undertaker,* { *Place of Business,* *Address* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

See following Certificate

[OVER.

# Board of Health, City of Baltimore,

Permit No. 5-9756 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 6 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

*Sex, ~~Male~~ or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* about 35 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Unknown

*Occupation,* Unknown

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Unknown

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and Number.} City Hospital

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Cerebral Hemorrhage.

*Duration of Last Sickness,* 12 hours

All the above Information should be furnished by the Physician.

*Place of Burial,* ~~Pub Co~~

*Date of Burial,* Sept 8

*Undertaker* ~~W~~ Coleman

*Place of Business,* .....

Geo. Thomas M. D.,

Medical Attendant.

*Address,* City Hospital.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

8

# Board of Health, City of Baltimore,

*Permit No.* 29767

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sep 6 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Helaway

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days.*

*Color,* Wh *Sex,*

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 350 N. Howard

*Cause of Death,* First (Primary,) old age.

Second (Immediate,)

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* Sept. 8th 1882

*Undertaker,* Wm H Bishop Jr

*Place of Business.* 97 N. Howard

G Lane Taneyhill M. D.
Medical Attendant.

*Address* 179 N Bridle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

25

[OVER.

# Board of Health, City of Baltimore,

Permit No. 5 9 7 6 8 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 7, 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Burris

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 28 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Clerk

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* 16 years,

*Place of Death,* { Give street and Number. } 324 N. Bond St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption of the Lungs,

*Duration of Last Sickness,* 4 mos

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cemetery

*Date of Burial,* Sept 10 1882

*Undertaker,* John Lake

*Place of Business,* 166 Balto St

J. W. Houck M. D.,
Medical Attendant.

Address, 75 E. Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

15

# Board of Health, City of Baltimore.

Permit No. 5976

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept ~~Aug~~ 7. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Pardoe

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 35 *Years,* 5 *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City / Lifetime

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 307 Hanover St

*Cause of Death,* First, (Primary.) Pulmonic Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Sept 8th 1882

*Undertaker,* John S Mackin

*Place of Business,* No 150 Camden St

H E Dobbin M.D.,
Medical Attendant.

*Address,* 80 Hanover St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 3-9760 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Freeda Steinken

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line} Male

*Age,* ~~Years~~, 9 *Months,* 1 *Days,*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} No 224 S Ann st

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Croup

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Sept 9th 1882

*Undertaker,* Casper Eckhardt

*Place of Business,* 269 Canton Ave

Thomas B. Evans M. D.,
Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

19

# Board of Health, City of Baltimore.

Permit No. 5-2761 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 7. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Jung 6

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* 11 *Months,* 23 *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* barber

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 364 Hanover ste

*Cause of death,* First, (Primary,) Inflammation of the gall-bladder

Second, (Immediate,) Perforation

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* September 8

*Undertaker,* B. Hall

*Place of Business,* 82 West H.

John J. Litzer M. D., Medical Attendant.

*Address,* 160 Saratoga street.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 22 [OVER.]

4

Permit No. 5976

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH SEP 8 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas E. Fuller

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 8 S. Gilmor St.

*Cause of Death,* First, (Primary.) Inanition

Second, (Immediate.) H. Lawson

*Duration of Last Sickness,* over 24 h

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* Sept 8

*Undertaker,* Henry W. Tunis

*Place of Business,* 8 N. Central Ave

Geo. F. Tuckey, M.D.,
Medical Attendant.

*Address,* 125 Park Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 59763 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT SEP 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2nd 1882 Louise

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Raiber

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* — *Months,* — *Days,*

*Color,* white

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Rathein Germany

*Duration of Residence in the City of Baltimore,* since 1856. 1882 1836 46

*Place of Death,* {Give street and Number.} 21 N. Eutaw St

*Cause of Death,* First, (Primary,) Carcinoma of Rectum

Second, (Immediate,) Exhaustion -

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Bolt Cemetery

*Date of Burial,* Saturday Sept 2nd

*Undertaker,* Wm Engel

*Place of Business,* 6 Pennsylvania

Gustavus Bibb, M. D., Medical Attendant

*Address,* 49 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

12

# Board of Health, City of Baltimore.

Permit No. 5764 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH SEP 8 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 7 September 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Fleck

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 21 *Years,* 1 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and number.} E. Eutaw St. 207

*Cause of death,* First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 9 September 1882

*Undertaker,* Shaw & Bartell

*Place of Business,* 62½ W. Baltimore St

A. F. Reinhard M. D.,
Medical Attendant.

*Address,* 224 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 27765 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 8th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Grunewald

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 53 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Porter

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 28 Years

*Place of Death,* { Give street and Number. } 58 Holland St

*Cause of Death,* First, (Primary,) Consumption of Lungs

Second, (Immediate,) do — do —

*Duration of Last Sickness,* About 6 months

At the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 11 Sept 1882

*Undertaker,* Henry Hartman

*Place of Business,* 63 N. Eden St

G. A. Schumm M. D.,
Medical Attendant.

*Address,* 8 E. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

9

# Board of Health, City of Baltimore,

*Permit No.* 59766

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

SEP 8 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7—1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harmon Chas. Mason James

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 4 *Months,* ——— *Days.*

*Color,* White *Sex,* Male

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 84 Parkin St. Balto.

*Duration of Residence in the City of Baltimore,* 4 months

*Place of Death,* {Give street and number.} 66 N. Calvert St.

*Cause of Death,* First, (Primary,)

Second (Immediate,) Tabes mesenterica

*Duration of Last Sickness,* About two months.

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Sept 8

*Undertaker,* Mason James

*Place of Business,*

Alexander Hill, M. D.
Medical Attendant.

*Address* 43 N. Calvert St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

*Permit No.* 5-9767

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 8 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 7th Sept 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philipp Filipo.

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* 72 *Years,* 3 *Months,* 8 *Days.*

*Color,* white

*~~Married, Single, Widow or~~ Widower,* { Cross out the word not required in this line. }

*~~Occupation,~~*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Saxonia, Germany, fourty years in U.S.

*Duration of Residence in the City of Baltimore,* fourty years

*Place of Death,* { Give street and number } S. East Corner of Chase and Castle Sts.

*Cause of Death* First, (Primary,) Marasmus.

Second, (Immediate,) Febris, malaria.

*Duration of last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Evangelic Cem.

*Date of Burial,* 9th Sept 1882

Rob. Smithson M. D.
Medical Attendant.

*Undertaker,* Gardner & Son

*Place of Business,* 202 Castle St. *Address,* 121 N. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-7768 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Reimmeer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 8 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* three years

*Place of Death,* {Give street and number.} 126 S. Spring st

*Cause of death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* five days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cem

*Date of Burial,* Sept. 9. 1882

*Undertaker,* Gaudens Son

*Place of Business,* 252 Eastern Ave. *Address,* 12 S. Eden st

L A Winternitz M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 6776 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

SEP 8 1882

*Date of Death,* September 7th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Sarah A. Blake

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* Fifty Five *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not requred in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Lambridge, Ind.

*Duration of Residence in the City of Baltimore,* Three Months

*Place of Death,* {Give street and number.} No. 445 E. Chase Street

*Cause of death,* First, (Primary,) ....

Second, (Immediate,) Cancer of the Womb

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Bolt. Cemetery

*Date of Burial,* Sept 9th 1882

*Undertaker,* John W Jackson

*Place of Business,* Cor of Fay & Eutaw

Wm H Chidnick, M. D., Medical Attendant.

*Address,* No 102 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

# Board of Health, City of Baltimore

Permit No. 5777

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 8 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 9.7.82

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Sadie McGee

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 18 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 18 days

*Place of Death,* {Give street and number} 10 Rock

*Cause of Death* { First, (Primary,) Cholera Infantum
Second, (Immediate,)

*Duration of last Sickness,* few days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* 9th of Sept

*Undertaker,* P. Kimmert

*Place of Business,* 317 Mulberry

W. W. Eastman M. D.
Medical Attendant.

*Address,* 814 Lee

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

15

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5777 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 8 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Greer

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married,* ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Shopkeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Since Childhood

*Place of Death,* {Give street and number.} 30 Ramsay St.

*Caus of death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sunday Sept 10th 82

*Undertaker,* Perry & Mitchell

*Place of Business,* 250 Fayette St

John Sells M. D.,
Medical Attendant.

*Address,* 204 Caroline Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

16

# Board of Health, City of Baltimore,

Permit No. 19772

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

SEP

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Griffin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower.* {Cross out the word not required in this line.}

*Occupation,* Washwoman

*Birthplace,* {State or Counitry and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give street and number.} No 8 Sterrett ct

*Cause of Death,* First, (Primary.) Chronic Albuminuria

Second, (Immediate.) Dropsy

*Duration of Last Sickness,* 9 Months

**All the above information should be furnished by the Physician.**

*Place of Burial,* Shars 31

*Date of Burial,* Sept 9 1882

*Undertaker,* S W Chase

*Place of Business,* 198 Howard st

Th. F. Owens *M.D.,*

Medical Attendant.

*Address,*

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 23 [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5973 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 8 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Foreman

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* Fifty-four *Years,* ..... *Months,* ..... *Days.*

*Color,* Brown

*Married,* ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* 19 years

*Place of Death,* {Give street and number.} 72 Sarah-ann St.

*Cause of death,* First, (Primary,) Vasico Vaginal Fistula

Second, (Immediate,) Prostration

*Duration of Last Sickness,* Seven months

All the above Information should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* Sept 10

*Undertaker,* E S Chase

*Place of Business,* 198 Howard St

F. B. Gardner M. D.,
Medical Attendant.

*Address,* 120 N. Greene St.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 24 [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9774 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1 1892 BALTIMORE

*Date of Death,* Sept 8, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Woods

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} Cor Light & Randall

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* September 9

Undertaker, B Hall

Place of Business, 82 West St. Address, 146 Aisquith St

Medical Attendant. Theodore Cook M. D.,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

5977 Board of Health, City of Baltimore,

Permit No. 59775 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

59775 No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1882 BALTIMORE

*Date of Death,* Sept. 9th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Lewis

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* [illegible] *Years,* [illegible] *Months,* [illegible] *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } [illegible]

*Occupation,* [illegible]

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* { Give street and Number. } [illegible]

*Cause of Death,* First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

*Duration of Last Sickness,* [illegible]

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Lasmel

*Date of Burial.* Sept. 9th 82

*Undertaker,* G. France

*Place of Business,* Bank & Wolf *Address,* [illegible]

[illegible] M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No. 5-9776 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* SEPT 8 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse Heineman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 80 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Cabinet Maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Penn.

*Duration of Residence in the City of Baltimore,* 74 years

*Place of Death,* {Give street and Number.} 26 Stiles

*Cause of Death,* First, (Primary,) Cancer of face

Second, (Immediate,)

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem[illegible]

*Date of Burial,* Sept 11th 1882

*Undertaker,* Andrews & Hodges

*Place of Business* No 4 & 6 Druid Hill Ave

A R Alford M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5977 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John DeShields

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Caulker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt- City

*Duration of Residence in the City of Baltimore,* (illegible)

*Place of Death,* {Give street and Number.} Off Russells Wharf, foot of Thames

*Cause of Death,* First, (Primary,) Accidental drowning

Second, (Immediate,) " "

*Duration of Last Sickness,* ——

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* September 10

*Undertaker,* B. Hurly

*Place of Business,* 82 West St

(illegible) M. D.,

Medical Attendant.

Coroner

Address, (illegible)

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 59776 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1 1922 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8" 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rud Breaurusch

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* / *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~~

*Occupation,* ~~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} " Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 184 S Chapple St

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls

*Date of Burial,* Sept 9

*Undertaker,* G Franc e

*Place of Business,* .....

Geo. F. Dixon M. D.,

~~Medical Attendant.~~

*Address,* Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Dr F Fitzpatrick

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5 7 7 7 9 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Charles H Fisher~~ Sept 7 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles H Fisher

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* Twenty four Years, ..... *Months,* ..... *Days,*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Cark driver

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } Clayton's Row City

*Cause of Death,* First, (Primary,) In Consequence of a strain from pumping from a cart on to a truck

Second, (Immediate,) Intussusception (Had no attention for one week.

*Duration of Last Sickness,* About twelve days.

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 9

*Undertaker,* J J Palmer

*Place of Business,* 336 Penna Ave

A. C. Poe M. D., Medical Attendant.

Address, No 1 North AVE.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 5975 *Office of Registrar of Vital Statistics.* Ward ...

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 8 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Liggie Young

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* ... *Months,* ... *Days*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 46 Carlton st

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 46 Carlton st

*Cause of Death,* First, (Primary,) ...

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Cemetery

*Date of Burial,* Sept 10 1882

*Undertaker,* Wilson Undertaker

*Place of Business,* No 62 E Balt St

Alexander Tinsley M. D.

*Address,* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permit No. 19 5-9781

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Moore

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* Six *Months,* ~~ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} United States

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 34 Vincent St

*Cause of Death,* First, (Primary.) Inanition

Second, (Immediate.)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 10 1882

*Undertaker,* William Mercer

*Place of Business,* No 62 East 1st

J. C. Skinner M.D.,
Medical Attendant.

*Address,* 41 N. Eutaw

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

20

# Board of Health, City of Baltimore,

Permit No. 59782

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 9 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ina Genevieve Kurz

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 1 *Months,* 27 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number.} 236 Argyle Ave

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Acute Tracheitis

*Duration of Last Sickness,* Three Days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cy

*Date of Burial,* Sept 10 82

W T Bull M.D.,

Medical Attendant.

*Undertaker,*

*Place of Business,*

*Address,* 87 Madison Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6-8-78

# Board of Health, City of Baltimore,

## Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 8 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If a child not named, give names of parents.} Mrs. C. F. Keys

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 33 Years, Months, Days.

*Color,* White

*Married,* ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Old Point

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 47 N Eutaw St

*Cause of death,* First, (Primary,) Typhoid Fever.

Second, (Immediate,)

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery.

*Date of Burial,* Sept 10 82

*Undertaker,* W. H. Grim

*Place of Business,* Address, 185 Eutaw St

M. D., Medical Attendant.

HEALTH DEPARTMENT SEP 9 1882 BALTIMORE

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37757

*Office of Registrar of Vital Statistics.*

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1 1892 BALTIMORE

*Date of Death,* Sept 9/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Freshlein / Catherine Freshlein } Parents

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 6 hours ~~Days.~~

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and Number.} 219 Preston St

*Cause of Death,* First, (Primary,) Premature Birth

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial* St. Alphonsus Cemetery

*Date of Burial,* Sept. 10 82

*Undertaker,* P. Kimmett

*Place of Business,* 317 Mulberry St

J. H. Keller, M. D.,
Medical Attendant.

*Address,* 186 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to [illegible] of this Certificate.

12

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 8th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willis Allen

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* 12 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} St Vincent's Orphan Asylum, Caroline cor

*Cause of Death* { First, (Primary,) Convulsions
, Second, (Immediate,) "

*Duration of last Sickness,* A few hours

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 9th

*Undertaker,* Pat Hunt

*Place of Business,* Division St.

Jno D Pennington M. D.
Medical Attendant.

*Address,* 134 N Carrollton Ave

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 5976 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 8, 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Elizabeth Thomas

*Sex,* ~~Male~~ or *Female,* { Cross out the word not required in this line. }

*Age,* 49 *Years,* 6 *Months,* — *Days.*

*Color,* White.

*Married,* ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } ?

*Occupation,* Housework.

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany.

*Duration of Residence in the City of Baltimore,* 24 years

*Place of Death,* { Give street and Number. } 15 E. Lombard St.

*Cause of Death,* First, (Primary,) dilatation & hypertrophy of Heart

Second, (Immediate,) Dropsy.

*Duration of Last Sickness,* 3 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 10. 1882.

*Undertaker,* H. Hofmann

*Place of Business,* 63 N. Eden St. *Address,* 93 Park Ave

A. F. Eyth M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

5

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7 – 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Beter

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 2 *Years,* 5 *Months,* *Days.*

*Color,* White *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation*~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 15 Ensor St.

*Duration of Residence in the City of Baltimore,* 2 years & 5 months

*Place of Death,* {Give street and number.} 27 Ensor St.

*Cause of Death,* First (Primary,) Tubercles

Second (Immediate,) meningitis

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Sep 9 1882.

*Undertaker,* John Hennig

*Place of Business,* 982 Orleans St

Alexander Hill, M. D.
Medical Attendant.

Address # 43 N. Calvert St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore.

Permit No. 57788 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th '92

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Byrnes

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~[illegible]~~ *Years,* 14 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 25 N Wallace St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cem

*Date of Burial,* Sept 10

*Undertaker,* Henry Meginn

*Place of Business,* 108 Eutaw

John F Cunningham M.D.,
Medical Attendant.

Address, S. W. Calvert & Read Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No. 5-9789 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry F Ramburg

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 10 *Months,* 18 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} ~~Balt~~ Ill Springfield Ills

*Duration of Residence in the City of Baltimore,* ~~since Birth~~ 4 yrs

*Place of Death,* {Give street and Number.} 6 Strathclair

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 5 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 10th

*Undertaker,* F. N. Stroll

*Place of Business,* 131 Hanover

Received Sept 9 1882 Wm. Lester Cor. M. D., Medical Attendant.

*Address,* 146 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

5

Permit No. 5979 d

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1882 BALTIMORE

*Date of Death,* Sept 7th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McCall

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} County of Tyrone Ireland

*Duration of Residence in the City of Baltimore,* 46 yrs

*Place of Death,* {Give street and number.} 253 E Monument St

*Cause of Death,* First, (Primary.) Prostratic Abscess & Peritonitis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Sept 10 1882

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Frem[illegible]

E George Walle M.D.,
Medical Attendant.

*Address,* 41 N Bond St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9791 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Matron

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and Number.} 8 Hayes Ct

*Cause of Death,* First, (Primary,) Killed by the explosion

Second, (Immediate,) Injuries

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 10 1882

*Undertaker,* James D Byrn

*Place of Business,* No 63 N Front St

H. G. Cormier M. D.,
Medical Attendant.

Address, Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

17

# Board of Health, City of Baltimore,

Permit No. 57792

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1882 BALTIMORE

*Date of Death,* 9.8.82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Walls

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 4 *Years,* 9 *Months,* 9 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 4-9-7-

*Place of Death,* {Give street and number} 674 Hanover

*Cause of Death* {First, (Primary,) Diphtheria

{Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park cem

*Date of Burial,* Sept 10th 1882

*Undertaker,* J Black

*Place of Business,* 707 W Balto St

*Address,* [illegible]

W. E. Eastman M. D.
Medical Attendant.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

18

# Board of Health, City of Baltimore,

**Permit No.** 59783

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 1882 Sept 8th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Mooney

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 86 *Years,* — *Months,* — *Days.*

*Color,* White *Sex,* Female

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* {Give street and number.} No 367 Pennsylvania Ave

*Cause of Death,* First (Primary,) Old age

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery

*Date of Burial,* Sept 10th 1882

H. T. Hopkins M. D.
Medical Attendant.

*Undertaker,* Jas L. Leech

*Place of Business,* No 707 N Baltimore street *Address* 34 or Lemmon Ave Balto

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 8. 1892.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Jones

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 34 *Years,* ____ *Months,* ____ *Days.*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Tinner

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 58 Parkin St.

*Cause of Death,* First, (Primary.) Inflammation of Lungs

Second, (Immediate,) 6 Weeks.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept. 10. 1892

*Undertaker,* J. Bloak

*Place of Business,* 707 W. Balto St.

W. C. Cudy, M. D.
Medical Attendant.

*Address,* 137 N. Carrollton Av.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore

Permit No. 59795 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 9 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Lau

*Sex, Male or Female,* {Cross out the word not required in this line.} .....

*Age,* ..... *Years,* ..... 2 *Months,* ..... *Days,*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 23 S. Wolfe St.

*Cause of Death,* First, (Primary,) Cyanosis.

Second, (Immediate,) Laryngeal Mucous Obstruction.

*Duration of Last Sickness,* Was ill but short time, visited when moribund

All the above information should be furnished by the Physician.

*Place of Burial,* St. Michael's Cemetery

*Date of Burial,* Sept. 3rd 1882

*Undertaker,* Ehrman Francis

*Place of Business,* Bank & Wolfe Sts.

C. C. Lusk M. D.,
Medical Attendant.

*Address,* Balt. & Wash. Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5-9796 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 8th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Schlerf,

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

*Age,* 52 *Years,* 5 *Months,* 24 *Days.*

*Color,* White.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* Forty-two years.

*Place of Death,* {Give street and number.} #120 Columbia Ave,

*Cause of death,* First, (Primary,) Pneumonia

Second, (Immediate,) & hemorrhage.

*Duration of Last Sickness,* Twelve (12) days.

All the above information should be furnished by the Physician.

*Place of Burial,* Germ. Luth'n Friedhill

*Date of Burial,* Sept. 10th 1882

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518½ W. Baltimore St.

Wm. J. Alderdice M. D.,
Medical Attendant.

*Address,* S. E. Cor. Columbia Ave. & Fremont St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57797 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT SEP 10 1882 BALTIMORE

*Date of Death,* September 9. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac H. Chase

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 81 *Years,* —— *Months,* —— *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 44 Years

*Place of Death,* {Give street and number.} 8 Jacks on St

*Cause of death,* First, (Primary,) Variola

Second, (Immediate,)

*Duration of Last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sep 10 1882

*Undertaker,* Geo Pechin

*Place of Business,*

C H Thomas M. D.,

Medical Attendant.

Address, 66 Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 57798 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 10 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Stevenson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* ____ *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 51 N. Chapel St

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) Bronchial Catarrh

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial* Second Cemetery

*Date of Burial,* Sept 10 1882

*Undertaker,* Wilson Nayes

*Place of Business,* No 62 East St

Silas N. Hunter M. D.,
Medical Attendant.

*Address,* 36 Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 59799

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

SEP 10 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virgil Voagg

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* 6 *Days.*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~.* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } 299 N Durham St

*Duration of Residence in the City of Baltimore* 6 days

*Place of Death,* { Give street and number. } 299 N Durham

*Cause of Death,* First, (Primary.) Trismus Nascentium

Second, (Immediate.)

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* St Mary's Cemetery

*Date of Burial,* Sept 11 1882

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans St

G. Wall M.D.,
Medical Attendant.

*Address,* 210 N Bond St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 59800 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 10 1 1892

*Date of Death,* Sept 8. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Dawson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* 10 *Months,* 10 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 3 Monroe Pl

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of Last Sickness,* Six Month

All the above information should be furnished by the Physician.

*Place of Burial,* Western C.

*Date of Burial.* Sept 11, 1882

James Bosley M. D.,
Medical Attendant.

*Undertaker,* J. B. Blackstar

*Place of Business,* 660 W Lombard Address, 319 Hillen

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 59801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 9.8.82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Lane Hill

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days.*

*Color,* Blk

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dallo

*Duration of Residence in the City of Baltimore,* 8mos

*Place of Death,* {Give street and number} 13 Oxford

*Cause of Death* { First, (Primary,) Convulsions
Second, (Immediate,) .....

*Duration of last Sickness,* 1 hr

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Sept. 10th. 82

*Undertaker,* Wm. Jas. Gray.

*Place of Business,* 65 Fawkes *Address,* Baltimore

Chas. E. Eichman M. D.
Medical Attendant.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 59804 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 10 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 9th September, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Irene Forrest.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 2 *Months,* 6 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 109 N. Poppleton St.

*Cause of Death,* First, (Primary.) Pneumonia, with Malarial Fever

Second, (Immediate.)

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Frederick Md

*Date of Burial,* Sept 10th 1882

*Undertaker,* H. Lewis Schaefer

*Place of Business,* 109 N Frederick *Address,* 380 W. Fayette St.

N. W. Littell, M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

2798 Transit

# Board of Health, City of Baltimore,

Permit No. 59803 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth C. Barnes

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 26 *Years,* 5 *Months,* 17 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* House Keeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 3 1/2 years

*Place of Death,* {Give street and number.} 359 Mulberry St.

*Cause of death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) Several weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Middlesex Co Va

*Date of Burial,* Sept 12th 1882

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N Fremont *Address,* Hanover Bar St

R. C. Lee M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 2797 Franklin [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59804 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Linck

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 23 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Work

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 15 Yrs

*Place of Death,* {Give street and Number.} 238 Aisquith St

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Sep 11

*Undertaker,* W. Dixel

*Place of Business,* 5 Bond 157

W. H. Hall M. D.,
Medical Attendant.

*Address,* 244 Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59805 *Office of Registrar of Vital Statistics.* Ward 16 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1 1882 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 8 September 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bell Maggie Leitz

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* ..... *Years,* 15 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and number.} Elbow Lane 53

*Cause of death,* First, (Primary,) Summer complaint

Second, (Immediate,) weakness

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* 10 September

*Undertaker,* P Lawler

*Place of Business,* 35 S. Eutaw St.

H. F. Reinhard M. D.,
Medical Attendant.

*Address,* 226 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59806

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 10 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Septr 8 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Johnson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* One *Years,* ——— *Months,* ——— *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Infant

*Occupation,* "

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* All of Life

*Place of Death,* {Give street and number.} Rear of 18 Wilson St.

*Cause of Death,* First, (Primary.) Teething

Second, (Immediate.) Meningitis

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp Street

*Date of Burial,* Septr 11th 1882

*Undertaker,* Jno F Jordan

*Place of Business,* 63 Park.

J. H. Christian M.D.,
Medical Attendant.

*Address,* 431 Fremont Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 59807 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 9th September 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha I Walker

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* *Months,* 7 *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Nothing

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 3, Peach alley

*Cause of Death,* First, (Primary,) Spinal Irritation

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 10 82

*Undertaker,* Jas of Davis

*Place of Business,* 103 Lee St

L. D. Dyer M. D.
Medical Attendant.

*Address,* 146 Hill St.

L. D. DYER M. D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Board of Health, City of Baltimore,

**Permit No.** 59808

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. ninth

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Johnson

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* ~~[illegible] Years,~~ Eight Months, Days.

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 21 Howard St.

*Cause of Death* { First, (Primary,) Inanition
Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Always never had been healthy. I saw the child but once.

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* Sept 10th

*Undertaker,* F. J. Fader

*Place of Business,* 73 Jefferson St

Geo J Simms M. D.
Medical Attendant.

*Address,* Office 240 N. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 57807 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 10 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie E. Jones,

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* 3 *Years,* *Months,* *Days,*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } 352 Alice Anna St. 6 Ironside Court

*Cause of Death,* First, (Primary,) Asphyxia

Second, (Immediate,)

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Sept. 10. 1882

*Undertaker* H. Sander & Son

*Place of Business,* 202 Caton Ave

G. G. Lusk M. D., Medical Attendant

Address, Balt. & Pratt Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59810

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
SEP 10 1882
BALTIMORE

*Date of Death,* September 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice M. Frazier

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number.} 147 York st

*Cause of Death,* First, (Primary.) Inanition & Dentition

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp at Cemetery

*Date of Burial,* Sept 10th 1882

*Undertaker,* Geo H Perkins

*Place of Business,* 130 Hen[illegible] *Address,* 373 Light st

O A. Cooke *M.D.,*
Medical Attendant.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# // Board of Health, City of Baltimore,

*Permit No.* 59811

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 10. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Sheir Wanstall

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 28 *Years,* 6 Mos *Months,* 8 — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Physicians

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Binghampton N.Y.

*Duration of Residence in the City of Baltimore,* 3 Years 9 mos.

*Place of Death,* {Give street and number} 228 N. Eutaw St.

*Cause of Death* First, (Primary.) Phthisis

Second, (Immediate.) Adema of Lungs

*Duration of last Sickness,* Indications 8 Mos. Sick 1 8 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Rock Creek D.C.

*Date of Burial,* September 11th 1882

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw

Mabury Brewer M. D.
Medical Attendant.

*Address,* 68 McCulloh

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

See following Certificate

OVER

No. 4907

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 10th. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Steen Marshall

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 28 *Years,* 6 *Months,* 8 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Physician.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Binghampton N.Y.

*Duration of Residence in the City of Baltimore,* 3 Years & 9 months.

*Place of Death,* {Give street and number} 228 N. Eutaw St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis (Tubercle) acute.

Second, (Immediate,) Oedema of Lungs

*Duration of last Sickness,* 1st indication 8 mos. Sick 18 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Rock Creek Cemetery D.C.

*Date of Burial,* September 11th 1882

Alfred Marshall M. D.
Medical Attendant.

*Undertaker,* Wm. Weaver

*Place of Business,* No 202 N. Eutaw St *Address,* 228 N. Eutaw St.

Dr. Jno. Brune in Consultation.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2799 Transit

[OVER]

Board of Health, City of Baltimore,

Permit No. 5-9812 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tall

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* 6 *Months,* *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

*Duration of Residence in the City of Baltimore,* 17

*Place of Death,* {Give street and Number.} # 152 Stump St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Paralysis of the Heart

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Madison Dorchester Co Md

*Date of Burial,* Sept 12th 1882

*Undertaker,* John L Hacker

*Place of Business,* 150 Camden

Dr. J. Bell M. D.,
Medical Attendant.

Address, 161 Stump St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5-9813 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna L. Meyer

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 20 *Years,* 7 *Months,* 18 *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} Barre st

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cy

*Date of Burial,* Sept 11th 1882

*Undertaker,* John L Monahan

*Place of Business,* No 152 Gordon st

C. L. Buddenbohn M. D., Medical Attendant.

*Address,* 166 S Paca st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9814 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry W Groman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~29~~ 32 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Hospital Nurse

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* 1 hour

*Place of Death,* {Give street and Number.} St Joseph's Hospital

*Cause of Death,* First, (Primary,) Pistol shot wound inflicted

Second, (Immediate,) by his own hand

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Sept. 11th 1882

*Undertaker,* Adam Fink

*Place of Business,* 461 W. Gay St. *Address,* Corner

H. Connolly M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9816

*Office of Registrar of Vital Statistics.*

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 163 S. Eden st

*Cause of death,* First, (Primary,)

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* At Greenmount

*Date of Burial,* Monday Sept. 11

*Undertaker,* E. Purdy

*Place of Business,* No 35 Penn

L D Whitehurst M. D.,
Medical Attendant.

*Address,* 12 S. Eden

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 5-9816 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Alberto

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 7 *Months,* *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 12 2 McElderry St

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) Croup.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury

*Date of Burial,* Sept 11 '82

*Undertaker,* Wm Dunger

*Place of Business,*

Chas. F. Dawson M. D.,

Medical Attendant,

Address, 1 Fountain

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 5961

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday, Sept 10th. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George G. Clifford

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 14 Constitution St

*Cause of Death,* First, (Primary,) Wound of the left hand, taking on

Second, (Immediate,) Diphtheritic deposit. from Paralysis of heart

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Sept 11 1882

*Undertaker,* James F Byrne

*Place of Business,* No 63 N Front St

Wilmer Dinton M. D.,

Medical Attendant.

*Address,* 25 ½ Monument Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 5-7818

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 9th [illegible]ber 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Asylum of the Little Sisters of the Poor cor. John and Valley Sts

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetary

*Date of Burial,* 11th [illegible]ber 1882

*Undertaker,* James P Byrne

*Place of Business,* No 63 n Front St

Chas. Frothingham M. D.,
Medical Attendant.

Address,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 19819 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 10th " September 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurence H. Kuhns

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 89 Harlem Avenue Balto City

*Duration of Residence in the City of Baltimore,* Since Life,

*Place of Death,* {Give street and Number.} 89 Harlem Avenue

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia,

*Duration of Last Sickness,* Five days,

All the above information should be furnished by the Physician.

*Place of Burial* New Cathedral Cy

*Date of Burial,* Sept 10th " 1882

Chas Innis M. D.,
Medical Attendant.

*Undertaker,* STEWART & BOWEN, UNDERTAKERS, 85 Park Ave.

*Place of Business,* *Address,*

***Extract from Regulations of the Board of Health, to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59820 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10/82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Ritter

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 4 months

*Place of Death,* {Give street and Number.} 194 German St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Sinfura

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Monday Sept 12

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore St

Louis Klein M. D., Medical Attendant.

*Address,* 226 Mulberry St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 59821 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Lucy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Alexandria Va.

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give street and Number.} 592 N. Front St

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of Last Sickness,* Within (15) months.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Sept 11th 1882

*Undertaker,* Geo B Cook

*Place of Business,* No 107 N Gay Street

D. L. Shuler M. D., Medical Attendant

*Address,* 387 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 9822

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 8 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 10th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Maggie Frazier

*Sex,* ~~Male~~ or *Female,* { Cross out the word not required in this line. }

*Age,* Twenty five *Years,* and seven *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow~~ or ~~Widower,~~ { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* All her life.

*Place of Death,* { Give street and number. } 171 Chase Street

*Cause of Death,* First, (Primary,) Carcinoma

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Over six months

All the above information should be furnished by the Physician.

*Place of Burial,* Potter

*Date of Burial,* Sept 12, 1882

*Undertaker,* John T. Jackson

*Place of Business,* Cor Fay & Cordy

Robt. J. Ribson M. D., Medical Attendant.

*Address,* 144 Park Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9823 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Burns

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* abt 19 *Years,* — *Months,* — *Days.*

*Color,* W

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Seaman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Londonderry Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Ship Shawsheen Wales Wf

*Cause of Death,* First, (Primary,) 2 Accidentally drowned by

Second, (Immediate,) 3 falling overboard

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* 10 Sept 1882

*Undertaker,* John A Storch

*Place of Business,* 265 Alice-ave

Chas Corbett M. D., Medical Attendant.

Corner & to Address, 64 E Balto

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59824 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew J. Sires

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 6 *Months,* *Days,*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Life time.

*Place of Death,* {Give street and Number.} 65 Cambridge st (Canton)

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Small Pox.

*Duration of Last Sickness,* One Day.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept. 10th 1882

*Undertaker,* Wendel Dippel

*Place of Business,* 157 S. Bond St.

Nicholas L. Dashiell, M. D.,
Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

9

# Board of Health, City of Baltimore,

**Permit No.** 59825 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Smith

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Lady

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} West Co. Delaware

*Duration of Residence in the City of Baltimore,* Fifty Y

*Place of Death,* {Give street and number.} No 19 N. Gay Street

*Cause of Death,* First (Primary,) ..... Second (Immediate,) Dropsy with old age

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem. *Date of Burial,* Sept 12th 1882

D. R. McSherry M. D. Medical Attendant.

*Undertaker,* Jas. N. McCoy & Co. *Address* 71 & 73 Franklin St.

*Place of Business,* 422 W. Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore.

Permit No. 5826 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth S. Small

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 85 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 66 years

*Place of Death,* {Give street and number.} N. 188 E. Pratt n.

*Cause of death,* First, (Primary,) —

Second, (Immediate,) Old age

*Duration of Last Sickness,* 9 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Sept 12th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 165 S. Broadway

L. A. Winternitz M. D., Medical Attendant.

*Address,* 12 S. Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5982

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday September 10th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Milton

*Sex,* ~~Male or~~ *Female.* {Cross out the word not required in this line.} Female

*Age,* 32 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

*Occupation,* Prostitute

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Supposed to be Richmond Va

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 127 Chases Court

*Cause of Death,* First, (Primary.) Intemperance

Second, (Immediate.) Apoplexy

*Duration of Last Sickness,* a few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* Sept 11th

*Undertaker.* J. H. McGinnis & Co

*Place of Business,* 163 Bloomm St *Address,* 51 N Calvert St

Elmslie *M.D.,*

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59820 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59828

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

*Date of Death,* 11th September 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph A Richard

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 89 Harlem Ave, Balto City

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and Number.} 89 Harlem Ave

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

*Duration of Last Sickness,* Three days,

All the above information should be furnished by the Physician.

*Place of Burial* New Cathedral Cem

*Date of Burial,* Sept 11th 1882

*Undertaker,* STEWART & MOWEN, UNDERTAKERS, 33 Park Ave.

*Place of Business,*

C. H. Jones, M. D., Medical Attendant.

*Address,* 52 Dr Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

15

Permit No. 59829

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Washington Solomon & Jowers

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* Seven *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* One week

*Place of Death,* {Give street and number.} # 4. Peach Alley

*Cause of Death,* First, (Primary.) Premature Birth

Second, (Immediate.)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* September 11 1882

*Undertaker,* H Roos

*Place of Business,* 95 Conway St

A. M. Belt M.D.,
Medical Attendant.

*Address,* 122 Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 57850 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Paul Kraft

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 Year *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 34 Barrington St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Hyperemia

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem.

*Date of Burial,* September 11

*Undertaker,* B. Hasle

*Place of Business,* 82 West St

B. F. Phillips M. D.,
Medical Attendant.

*Address,* 317 W Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 59831 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth M. Hobbs

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 80 E. Baltimore St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " Abdominalis

*Duration of Last Sickness,* About 3 years

All the above information should be furnished by the Physician.

*Place of Burial* Green Mount

*Date of Burial,* Sept 13/882 Dr E. C. Price & Son M. D.,

*Undertaker,* Thos. J. Hughes Medical Attendant.

*Place of Business,* 60 E Balto St, *Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 59832

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 9 Sept 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Johnson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Chestertown Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 87 Jasper St

*Cause of Death,* {First (Primary,) Phthisis

Second (Immediate,)

*Duration of Last Sickness,* about 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* Thompson St Cemetery

*Date of Burial,* Sept 10 1882

*Undertaker,* William st Dungan

*Place of Business,* 67 East st

Richd Henry Thomas M. D.
Medical Attendant.

*Address* 142 Lanvale St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the place and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 57833 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Milbourne

*Sex,* Male ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 81 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} St Marys County Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Aged Mens Home. Franklyn Square

*Cause of Death,* First, (Primary,) Chronic Bronchitis, Complicated with Gastritis

Second, (Immediate,)

*Duration of Last Sickness,* Abt three years

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cemetery

*Date of Burial,* Sept 12th

*Undertaker,* Jenkins & Sons

*Place of Business,* Charles St

J H Wilson M. D.
Medical Attendant

Address, 257 Mad Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

# Board of Health, City of Baltimore,

Permit No. 5-7834 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Webber

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* abt 3 Mo *Years,* — *Months,* — *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* Rigger

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Sweden

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 31 Thames Street

*Cause of Death,* First, (Primary,) 3 Natural Causes, Infantum

Second, (Immediate,) 3 Decease.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E P Cemetery

*Date of Burial,*

*Undertaker,* C M Colmin

*Place of Business,*

C Mallorft M. D.,

Coroner & Medical Attendant.

*Address,* 61 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minot Schieb

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 22 *Years,* 6 *Months,* 6 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Butcher

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 132 N Shroeder st

*Cause of Death* First, (Primary,) Hemorrhagic Malarial Fever

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sept 11 1882

*Date of Burial,* Western Cemetery

*Undertaker,* Mrs F Kummert

*Place of Business,* 317 W Baltimore *Address,* 134 N Carrollton Ave

J. Lee Pennington M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 57836 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* September 9th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Isaac E Mears

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ——— ——— *Years,* Seven *Months,* Six *Days.*

*Color,* Colored

*Married, ~~Single~~, Widow or Widower.* { Cross out the word not required in this line. }

*Occupation,* ———

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } # 15 High alley

*Duration of Residence in the City of Baltimore,* 7 yrs. 6 days

*Place of Death,* { Give street and Number. } # 15 High alley

*Cause of Death,* { First, (Primary,) Cholera Infantum
Second, (Immediate,) }

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* Sept 11 1882

*Undertaker,* Charles A White

*Place of Business,* 35 Granby St

J Edmund Gorsuch M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5983 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 10th. September 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Schroeder

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* 5 *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Erfurt, Pruffia, Germany

*Duration of Residence in the City of Baltimore,* 37 years.

*Place of Death,* {Give street and Number.} S. Bethel Street Nro 31

*Cause of Death,* First, (Primary,) Tuberculosis Pulmonare.

Second, (Immediate,) Haemoptysis

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 12 September 2 Clock

*Undertaker,* H. Canters

*Place of Business,* 250 Canton Ave

William Henkel M. D.,
Medical Attendant.

*Address,* S. Wolfe Street 114

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 5 9 8 3 8 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Gassaway

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ~~*Years.*~~ *Months,* Seven *Days.*

*Color,* Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 7 Ceeder row

*Duration of Residence in the City of Baltimore,* One week

*Place of Death,* {Give street and number.} 7 Ceeder row

*Cause of death,* First, (Primary,) Convulsions

Second, (Intermediate,)

*Duration of Last Sickness* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 11th 1882

*Undertaker,* Samuel H Case

*Place of Business,* 101 E. Pratt

F. B. Gardner M. D.,
Medical Attendant.

*Address,* 120 N. Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 29839 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 13 1892 BALTIMORE

*Date of Death,* Sept 10, 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Howard

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days*

*Color,* Colored

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laundress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 206 Vine St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Rheumatism of Heart

*Duration of Last Sickness,* ½ hour

All the above information should be furnished by the Physician.

*Place of Burial* Cath Cemetery

*Date of Burial* Sept 12 1892

*Undertaker,* Charles A Pitt

*Place of Business,* 15 Gravelly Rd

Alexander Tinsley M. D.
~~Medical Attendant.~~

*Address,* Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Board of Health, City of Baltimore,

Permit No. 57846 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisey Broadneck

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 10 *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 107 East St

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 11 1882

*Undertaker,* H Ross

*Place of Business,* 95 Lombard St

W. S. Bize M. D.,
Medical Attendant.

*Address,* 210 Sharp St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

11

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Ellis

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* — *Months,* — *Days.*

*Color,* Wh — *Sex,*

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Adams Co; Pa

*Duration of Residence in the City of Baltimore,* 35 yrs

*Place of Death,* {Give street and number.} 21 Penna Ave

*Cause of Death,* First (Primary,) Typhoid Fever

Second (Immediate,) Oedema of the Lungs (Asphyxia)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery — J. Lockwood M. D.

Medical Attendant.

*Date of Burial,* Sept 12th 1882

*Undertaker,* F. Lewis Schaefer *Address* Park Ave Mineral

*Place of Business,* 109 N Fremont

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 5784 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 11 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Stella Wolf

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. } f

*Age,* 6 *Years,* — *Months,* — *Days,*

*Color,* white

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* { Cross out the word not required in this line. } ✓

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* { Give street and Number. } ~~Scarlet Fever~~ 108 Fremont St.

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Sept 12th 1882

I Louis C Hunn M. D., Medical Attendant.

*Undertaker,* Matthew Badger

*Place of Business,* 227 Mulberry

*Address,* 226 Mulberry St.

Jun Ehrg

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59843 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Lewis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 6 *Months,* *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number.} 260 Park Ave

*Cause of Death,* First, (Primary.) Fever Enteric

Second, (Immediate.) Tuberculous Meningitis

*Duration of Last Sickness,* About three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept

*Undertaker,* W J Gorm

*Place of Business,* 65 Mulberry

C B Bramble M.D.,
Medical Attendant.

*Address,* S E Cor Eutaw & Saratoga

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5,9844 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* September 5. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edgar Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... Years, 51 Months, ..... Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Nursery & Child's Hospital

*Cause of Death,* First, (Primary,) Mal-Nutrition

Second, (Immediate,) .....

*Duration of Last Sickness,* .....

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 11

*Undertaker,* C. H. Higgins

*Place of Business,* 198 & 200 Penn a Address, .....

C. T. Bryan M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 59840 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 11 1882 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 8. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Sydenham

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 7 1/2 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~

*Occupation,* ~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Michigan Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Nursery & Child's Hospital

*Cause of Death,* First, (Primary,) Mal-Nutrition

Second, (Immediate,) ~

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial.* Sept 11

C. F. Brown M. D.,
Medical Attendant.

*Undertaker,* C. W. Blizzard

*Place of Business,* 1931 Penn Ave *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 57846

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 11th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Grunlich

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 1 *Years,* — *Months,* 8 — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Bullo City

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* { Give street and Number. } 1 Bromley Lane

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) do do

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* 12 Sept 1882

*Undertaker,* John O. Smith

*Place of Business,* 265 Aisquith

G. A. Dohme M. D.,
Medical Attendant.

*Address,* 862 Fayette St

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**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5 9 8 4 7 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 12 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Brooks.

*Sex,* ~~*Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* Negro.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* House Keeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Talbot County Md

*Duration of Residence in the City of Baltimore,* 5 Years near Baker

*Place of Death,* {Give street and number.} Bolton Alley

*Cause of Death,* First, (Primary,) Hemiplegia Right Sided

Second, (Immediate,) En Lanction

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Wharf St

*Date of Burial,* Sept 12th 1882

*Undertaker,* [illegible]

*Place of Business,* 63 Park Ave

T. Buckler Ins. M. D.,
Medical Attendant.

*Address,* 330 Penna Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59848

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPT
SEP 12
1882
BALTIMORE

*Date of Death,* Sept 11, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shannon

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 33 yrs

*Place of Death,* {Give street and number.} 261 Forest St north of Madison No number

*Cause of Death,* First, (Primary.) Disease of Liver and Exposure

Second, (Immediate.) Phthisis,

*Duration of Last Sickness,* about six months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Sept 12th 1882

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

R. P. Morgan M.D.,
Medical Attendant.

*Address,* 117 W Monument

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 5984[illegible]

**Permit Must, in all Cases, Accompany the body to its Destination.**

...istics. Ward 5

The Physician who attended any person in a l... is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

59849

SEP 12 1882

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 10 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Rich

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* *Months,* *Days,*

*Color* col

*Married,* ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* Laundress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and Number.} 74 East

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption

*Duration of Last Sickness,* 11 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent

*Date of Burial,* Sept 11 1882

E. C. Baldwin M. D.,
Medical Attendant.

*Undertaker,* William Dorsey

*Place of Business,* No 62 East St *Address,* 124 n Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5-857

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 11th 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Daily

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.} Male

*Age,* ~~23~~ 27 *Years,* ~~23~~ *Months,* *Days,*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Boot Black

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} U. S. Balto - M-d

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and Number.} City Hospital

*Cause of Death,* First, (Primary,) Whisky

Second, (Immediate,) Delirium Tremens

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Q. Pub Cem

*Date of Burial,* 12 Sept 1882

{*Undertaker,* M Coleman

{*Place of Business,* City Hall *Address,* City Hospital

Geo Thomas M. D.,
Medical Attendant.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 5985 / *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Herbe

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 10 yrs

*Place of Death,* {Give street and Number.} 8 & 10 Jasper St

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Typhoid, Malarial fever

*Duration of Last Sickness,* Thirteen days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon's

*Date of Burial,* September 13th

*Undertaker,* Dr. Frank

*Place of Business,* 463 Bond

A. Engelhardt M. D.,
Medical Attendant.

*Address,* 11 S. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 54837 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Wagner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* 5 *Months,* 10 *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Car Conductor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 326 Hanover St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis

*Duration of Last Sickness,* 10 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* September 13.

*Undertaker,* A B Kurtz

*Place of Business,* 482 West St

Jordan Kurtz M. D.,
Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 5783 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10th 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Spontzer.

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 32 — *Years,* *Months,* *Days,*

*Color,* White —

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Farmer —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bavaria —

*Duration of Residence in the City of Baltimore,* 8 days —

*Place of Death,* {Give street and Number.} City Hospital —

*Cause of Death,* First, (Primary,) Malaria —

Second, (Immediate,) Gastritis, caused —

*Duration of Last Sickness,* He was greatly exhausted when he

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Calvary Cem

*Date of Burial,* 12 Sept 1882 Geo. Thomas, M. D.,

Medical Attendant.

*Undertaker,* M. Coleman

*Place of Business,* City Hall Address, City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57854 *Office of Registrar of Vital Statistics.* Ward 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 12 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Brower

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* ~~ *Months,* ~~ *Days,*

*Color,* white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and now long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 15 years.

*Place of Death,* {Give street and Number.} Bloomsbury Sq.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial* Mount Olivet

*Date of Burial.* Sept 13 1882

*Undertaker,* C. F. Krause

*Place of Business,* Hanover St.

Geo. W. Denmead M. D.,

Coroner's Asst

~~Medical Attendant.~~

Address, Commissioners of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 59855 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* September 10th 1852

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Brady

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Sanchez Candle Factory

*Cause of Death,* First, (Primary.) Bilious Dysentery

Second, (Immediate.) Congestive Chill

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetary

*Date of Burial,* Sept 12

*Undertaker,* B. Hearle

*Place of Business,* 92 West St

C. A. Cocke M.D.,
Medical Attendant.

*Address,* 913 Lombard

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### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57856 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 82,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Klommer.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Berlin Germany.

*Duration of Residence in the City of Baltimore,* Ten Years

*Place of Death,* {Give street and number.} 913 N Eden St

*Cause of death,* First, (Primary,) Acute Peritonitis. Was called to

Second, (Immediate,) See this Man. on the evening

*Duration of Last Sickness,* the 10th of September found Deceased

All the above information should be furnished by the Physician. Complained since the previous

*Place of Burial,* Mt Olivet Cemetery Wednesday

*Date of Burial,* Sept 13th

*Undertaker,* Chas Jas Rauschel

*Place of Business,* 161 Penna Ave

John J. L. Frey M. D.,

Medical Attendant.

*Address,* 273 W Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 59857 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 12 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Fessner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} as not known

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} Gangrene Balto City

*Cause of death,* First, (Primary,) Chronic Inflamation of Liver

Second, (Immediate,) & Lungs Exhaustion

*Duration of Last Sickness,* Seven or 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathews Cem.

*Date of Burial,* Sept. 12 th 1882

*Undertaker,* H. Hofmann

*Place of Business,* 63 N. Eden St. / J. Redgway Foute M. D., Medical Attendant.

*Address,* 121 E. Balto St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5858 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 12 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Kobuer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 11 *Months,* ... *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and Number.} #24 E. Durham St.

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis of Heart

*Duration of Last Sickness,* 2 weeks

All the above Information should be furnished by the Physician.

*Place of Burial* W. Ft. Thomas

*Date of Burial,* Sept 12 1882

*Undertaker,* G. Frazer

*Place of Business,* Bank & Mc *Address,* 373 E. Balto St.

E. P. Burns *M. D.,* Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 57857 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

121 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Puttmann

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* ~~Months~~, 4 *Days,*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} No 5 Castle st (South)

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Septicemia

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Sept. 13th 82

*Undertaker,* C. Trance

*Place of Business,* 1 Bond & Wolfe

Thomas D. Evans, M. D.,
Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5780 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 12 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Gallaman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 5 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 1039 Eastern Ave

*Cause of Death,* First, (Primary,) Dr Gallaman

Second, (Immediate,)

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas

*Date of Burial.* Sept 13th 82

*Undertaker,* G. France, *M. D.,* Medical Attendant.

*Place of Business,* Bonts & White *Address,* 54 S Eden

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 79861, *Office of Registrar of Vital Statistics.* Ward III

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Barbara Kifner

*~~Sex, Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 6 *Years,* 7 *Months,* 1 *Days,*

*Color,* W G

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 56 S Durham

*Cause of Death,* { First, (Primary,) Scarlatina / Second, (Immediate,) Hydrops

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Sept. 13 82

*Undertaker,* J. O'Brien

*Place of Business,* Bank & Wolfe *Address,* 745 S. Eutaw

J. Slattery *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59862 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Smith

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* *Days,*

*Color,* Blk

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 1 yr - 4 mo

*Place of Death,* {Give street and number.} 39 Cordelia St

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 12/82

*Undertaker,* Jacob Davy

*Place of Business,* 18 Eastern Ave

Geo. Keller M. D., Medical Attendant

*Address,* 31 S. Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 59863 *Office of Registrar of Vital Statistics.* Ward K

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 21 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Snyder

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 61 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md, Balt Co

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 1520 Eastern Ave

*Cause of Death,* First, (Primary,) Apoplexy

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lutheran Cemetery

*Date of Burial,* [redacted] 82

*Undertaker* H Langdon Son

*Place of Business,* Eastern Ave

M. D.,

Medical Attendant.

*Address,* 1520 Eastern Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No. 69864 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Moran

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland 34 yrs in America

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give street and number.} Dr D. Hospital

*Cause of death,* First, (Primary,) ~~Scarlatina~~ Apoplexy

Second, (Immediate,) Coma

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 13 th

*Undertaker,* H C Widefield

*Place of Business,* 90 Greenmount av

Edward Mackey M. D.,
Medical Attendant.

*Address,* 188 N Caroline

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

# 9 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 13 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Conghlin

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Sister of Charity

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Quebec Canada

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and number} St Mary Orphan Asylum

*Cause of Death* { First, (Primary,) Phthisis
, Second, (Immediate,) Asthenia

*Duration of last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* 14th Sept. 1892

*Undertaker,* Henry McJenkins Sons

*Place of Business,* 75 E. Chas. *Address,* 114 Park ave

F. E. Chatard M. D.
(Medical Attendant.)

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. ... & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 59866 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept- 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Liza Stuart-

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* About- 50 *Years,* *Months,* *Days,*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} married

*Occupation,* Washerwoman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* Since Childhood

*Place of Death,* {Give street and Number.} 85- Pitt St-

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of Last Sickness,* She had been sick for several weeks before Dead 10 days ago

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Sept 13 1882

*Undertaker,* S W Chase

*Place of Business,* 178 Howard St

W. D. Morton M. D.,
Medical Attendant.

*Address,* 152 Madison St-

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

SEP 13 1882 HEALTH BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith Mason

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 11 *Months,* 17 *Days.*

*Color,* Colored *Sex,* Female

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} Harmony Jan No 81

*Cause of Death,* First (Primary,) Convulsions

Second (Immediate,) Typhoid Fever

*Duration of Last Sickness,* about two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 13th 1882

*Undertaker,* S. H. Chase

*Place of Business,* 198 S. Howard St

B. F. Perkins M. D.
Medical Attendant.

Address 172 W. Camden St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 83

*Permit No.* 57868

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* September 11, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Hestella Pine

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 8 *Months,* 11 *Days.*

*Color,* Colored *Sex,* ———

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 148 Raborg St

*Cause of Death,* {First (Primary,) Phthisis

{Second (Immediate,)

*Duration of Last Sickness,* about 5 week — never health

All the above information should be furnished by the Physician. I was called to see it only a few days before death

*Place of Burial,* Mount St Cemetery

*Date of Burial,* Sept 13th 1882

J. C. Harris M. D.
Medical Attendant.

*Undertaker,* S White

*Place of Business,* 158 Hanover st Address No 360 Lexington St.

Balt.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Board of Health, City of Baltimore,

Permit No. 17867 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1902 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 13 1902

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 1 Eutaw Court

*Cause of Death,* First, (Primary,) Cancrum Oris

Second, (Immediate,)

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial.* St. Alphonsus Cem

*Date of Burial.* Sept 16th

*Undertaker,* G. Timmes

*Place of Business,* Bank & Mott Sts Address, 34 S. Greene

H. D. Kelly M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or, the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 5787 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 12 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Murphy

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* *Months,* *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Nurse

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} St Johns, New Brunswick

*Duration of Residence in the City of Baltimore,* 6 Years

*Place of Death,* {Give street and Number.} 319 Eutaw av

*Cause of Death,* First, (Primary,) Pulmonary Disease & Heart Disease

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Pneumonia 2 Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* Sept 13 1882

*Undertaker,* H Sander Son

*Place of Business,* 252 Eutaw St

P L Burstin M. D., Medical Attendant.

Address, 41 S Bond

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5887 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H Young

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Waiter

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* { Give street and Number. } 297 W Biddle St

*Cause of Death,* First, (Primary,) Galloping Consumption

Second, (Immediate,)

*Duration of Last Sickness,* About two months saw him at my office once only.

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* Sept 14

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

Elias C Price M. D.,
Medical Attendant.

*Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5872 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1932 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Evans (Evans)

*Sex, Male or Female,* { Cross out the word not required in this line. } .....

*Age,* 5 *Years,* ..... *Months,* ..... *Days,*

*Color,* ww

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } 621 Pine Ave

*Cause of Death,* First, (Primary,) Poison, from eating

Second, (Immediate,) Frog - Stomach

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Camden Bal Co

*Date of Burial,* Sept 13

*Undertaker,* C H Blizzard

*Place of Business,* 138 Penn Ave

H F Howard M. D.,
Medical Attendant.

*Address,* Camp & Fayette Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6-9873 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Hobzowdes.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* 8 *Months,* 11 *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and Number.} 345 S. Bond St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cancer of Stomach

*Duration of Last Sickness,* Six months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Sept 13 1882

*Undertaker,* John Kenney

*Place of Business,* 582 Orleans St. *Address,* 95 Park Ave.

A. F. Esch M.D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 5 9 8 1 4 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1882 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Sept 13th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen H. Wilson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 17 *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* all his life.

*Place of Death,* {Give street and number.} 7. Wasche St.

*Cause of death,* First, (Primary,) Indigestion.

Second, (Immediate,) Convulsions.

*Duration of Last Sickness,* 14 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Chan[illegible] St Cemetery

*Date of Burial,* Sep 13 1882

*Undertaker,* Abt Hennely

*Place of Business* 116 Orchard St

John L. Atwood M. D.,
Medical Attendant.

*Address,* 273 W Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 5 7 8 7 5 — *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Fitzpatrick

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Seamstress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 147 E. Fayette St.

*Cause of death,* First, (Primary,) Traumatic Tetanus.

Second, (Immediate,)

*Duration of Last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* Sept 13 1882

*Undertaker,* James O Byrne

*Place of Business,* No 63 N Front St

Edward P. McDevitt M. D., Medical Attendant.

*Address,* 54 Augusta St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5 7 8 7 6 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Brannan

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ~~9~~ *Years,* 1 *Months,* 8 *Days,*

*Color,* White

*~~Married, Single, Widow or Widower;~~* {Cross out the word not required in this line.}

*Occupation,* Child

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and Number.} 40 5 East Pratt St

*Cause of Death,* First, (Primary,) Dentition

Second, (Immediate,) Catarrhal Bronchitis

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Sept 14th 1882

*Undertaker,* Dunn & Mitchell

*Place of Business,* 65 S. Broadway *Address,* 11 S. Hunt Lt

Attest Shrentzer M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

# Board of Health, City of Baltimore,

Permit No. 5877 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 12 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John George Conrad

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Brick Layer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and Number.} 314 Mosher Street

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) Consumption

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Carrolls Co Md

*Date of Burial,* 14 Sept J C Thomas *M. D.,*

Medical Attendant.

*Undertaker,* J H Chaffin

*Place of Business,* 336 Penn Ave *Address,* 231 N Fremont St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 9-9818 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 12 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hess

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 1 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 152 Chesapeake

*Cause of Death,* First, (Primary,) Dentition

Second, (Immediate,) Intestinal Inflammation

*Duration of Last Sickness,* 4 mo.

All the above Information should be furnished by the Physician.

*Place of Burial,* Evergreen

*Date of Burial,* Sept. 13th 1882

E. J. Miller M. D., Medical Attendant

*Undertaker,* H. Sanderson

*Place of Business,* 202 Eastern Ave Address, 63 Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5777 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 13. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Saulter

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days,*

*Color,* white,

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and Number.} 313 E. Lombard St.

*Cause of Death,* First, (Primary,) Dentition

Second, (Immediate,) Intestinal Catarrh

*Duration of Last Sickness,* Two weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Balt. Cemetery

*Date of Burial,* Sptb. 14.

*Undertaker,* M. Funk

*Place of Business,* 32 Bankstr.

G. G. Cook M. D.,
Medical Attendant.

*Address,* Balt. & Stock. sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57880 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 12. 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Roan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 7 Reeves Ct.

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Gaulbs Cemetery

*Date of Burial,* Sept 13 1892

*Undertaker,* H Ross

*Place of Business,* 75 Conway st

W. S. Booze M. D.,
Medical Attendant.

*Address,* 210 Sharp st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 7881 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 11 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Frances Hermann

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 1 *Months,* 22 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} city

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 101 Hamburg

*Cause of death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept 13th 1882

*Undertaker,* Julius Koehler

*Place of Business,* Pearl & Cross Sts *Address,*

D Shaw *M. D.,*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 5882 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in n last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 13 1882 BALTIMORE

*Date of Death,* Sept. 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Brooks

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days.*

*Color,* Colored

~~*Married, Single,*~~ *Widow* ~~or *Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 41½ Short St

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* Sept 13, 1882

*Undertaker,* William L. Joyce

*Place of Business,* 62 East St

Francis N. Sauer M. D.,
Medical Attendant.

*Address,* 105 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5,883 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Johnson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Colored~~ 1 *Years,* 9 *Months,* *Days,*

*Color,* Colored

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 1yr 9mos

*Place of Death,* {Give street and Number.} No 30 Booth St.

*Cause of Death,* First, (Primary,) Diarrhoea

Second, (Immediate,) Inanition

*Duration of Last Sickness,* About 2 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Sharpest Cemetery

*Date of Burial,* Sept 13 1882

*Undertaker,* William Wenger

*Place of Business,* No 62 East St

Wm P. Blum M. D.,
Medical Attendant.

*Address,* University of Md

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5884 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Wiesneck

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* 11 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 162 S. Spring

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Lung Pox

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Ft Lentha Hunt Co Md

*Date of Burial,* Sept 13/82

*Undertaker,* C Bosch.

*Place of Business,*

L C Wiesneck M. D., Medical Attendant.

*Address,* 12 S Eden

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Ba...

# Board of Health, City of Baltimore,

Permit No. 59885

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 13 1882

## CERTIFICATE OF DEATH.

*Date of Death,* September 12 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza N Floyd Female

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give street and number} 56 Pearl St

*Cause of Death* First, (Primary,) Cancer Uteri

Second, (Immediate,)

*Duration of last Sickness,* 7 weeks since I first saw her

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Sept 14 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St

W. E. Clagett M. D.
Medical Attendant.

*Address,* 36 S. Eutaw St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 59886 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12. 1882

SEP 13 1882 BALTIMORE

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Thornton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 1 Eyre St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 2 months

All the above Information should be furnished by the Physician.

*Place of Burial,* St Pitts Cemetery

*Date of Burial,* September 13

*Undertaker,* B. Hurly

*Place of Business,* 62 West St.

Thos Cook M. D.,
Medical Attendant.

*Address,* 14 6 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No. 59887 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Michals

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 6 *Months,* 0 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} 279 Alice Anna St.

*Cause of Death,* First, (Primary,) Variola accompanied

Second, (Immediate,) by Diarrhoea.

*Duration of Last Sickness,* Six Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemtry

*Date of Burial,* Sept. 13th 1882 *John H. Kehlberger* M. D., Medical Attendant.

*Undertaker,* Wm. Nicolai

*Place of Business,* 258 Alice Anna *Address,* 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59888 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loena Nagle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Always

*Place of Death,* {Give street and Number.} B&O. R.R. cor. Charles & Eight Sts

*Cause of Death,* First, (Primary,) Struck and run over by

Second, (Immediate,) Engine B&O. R.R.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 14. 1882

*Undertaker,* Armstrong & Dewar

*Place of Business,* 203 Light St *Address,* 47 S. Charles St

Dr. J. Bell M. D., Medical Attendant.

Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 17887 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 13/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anne B. Heiss

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 16 *Months,* ..... *Days,*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } 284 Caton av.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto

*Date of Burial.* Sept 15

*Undertaker,* Expance

*Place of Business,*

R. W. Mansfield M. D.,
Medical Attendant.

*Address,* 117 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

5

# Board of Health, City of Baltimore,

Permit No. 59895

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. SEP 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Septemb. 12th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Simpson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 12 *Days.*

*Color,* white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Maryl.

*Duration of Residence in the City of Baltimore,* since birth.

*Place of Death,* {Give street and number.} No 5 Thompson St.

*Cause of Death,* First, (Primary.) Gastro Enteritis not Diarrhoeal.

Second, (Immediate.) Spasmi.

*Duration of Last Sickness,* six days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* Sept 14 1882

*Undertaker,* James P Byrne

*Place of Business,* No 63 Front St

Robert Anthon junior M.D.,
Medical Attendant.

*Address,* 121 N. Broadway.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 5789 *Office of Registrar of Vital Statistics.* Ward 8.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 14. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry J. Lever

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 4 *Months,* ..... *Days,*

*Color,* White,

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 294 Orleans St.

*Cause of Death,* First, (Primary,) Variola (confluent)

Second, (Immediate,) Septicæmia (Miochief)

*Duration of Last Sickness,* Ten Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Sep 14/82

*Undertaker,* Fry & Leo

*Place of Business,* 711 Broadway

C. G. Luck M. D.,
Medical Attendant.

Address, Balt. Md. 25

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5892 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* 14 7ber 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Meary Mealval

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give street and Number.} asylum of the Little Sisters of the Poor cor John and Valley Sts

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* 17 7ber 1882

*Undertaker,* Henry Schettleis

*Place of Business,*

Jno F Boyle M. D.,
Medical Attendant.

Address,

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 5783 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles G.A. Seymour

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 9 *Months,* 19 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 345 Hanover St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* Germin Luthrin Druidhill

*Date of Burial,* Sept. 14th 1882.

*Undertaker* Adam Weidemeyer

*Place of Business,* 518½ W. Baltimore St.

Reverdy Cole M. D., Medical Attendant

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 5-9874 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 13th 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Stark

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* ? *Months,* *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Domestic

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 6 months

*Place of Death,* {Give street and Number.} 154 S. Register St.

*Cause of Death,* First, (Primary,) Cancer of Uterus

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* 5 Reform Cemetery

*Date of Burial,* 14 Sept 1882

*Undertaker* John F. Shuh

*Place of Business* 165 Attorney

E. Fraser Thomas M. D.,
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 9.13.82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella J. McGee

*Sex,* ~~*Male or Female,*~~ { cross out the word not required in this line. }

*Age,* ——— *Years,* ——— *Months,* 24 *Days.*

*Color,* Mulo

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* ———

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* 24 days

*Place of Death,* { Give street and number } 40 Rock

*Cause of Death* { First, (Primary,) Cholera Infantum

{ Second, (Immediate,)

*Duration of last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Landen Parke Cemetery

*Date of Burial,* 14 of Sept 1882

*Undertaker,* P. Kinnard

*Place of Business,* 317 Mulberry St

F. W. Eastman *M. D.*
Medical Attendant.

*Address,* 349 Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

T. DURANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5 9876 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 13/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Roy

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 7 *Years,* 8 *Months,* 6 *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Grocery Clerk

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 4 yrs

*Place of Death,* { Give street and Number. } 27 Hanover St.

*Cause of Death,* First, (Primary,) Senile Decay - Burnetts

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Indefinite

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* September 15th 1882.

*Undertaker,* Leonhard Kurtz

*Place of Business,* 222 S. Bond Street, *Address,* 97 E. Pratt

R. L. Wilson M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 5782 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bevans

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* — *Days,*

*Color,* ed

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and Number.} 164 Henrietta st

*Cause of Death,* First, (Primary,) ——

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* Sept 11th 1882

{*Undertaker,* F. A. Kerchner

*Place of Business,* 57 N. Carrollton

Geo. W. Brown M. D.,
~~Medical Attendant.~~

Address, Bd of Healths

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5989 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 12 Sept 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Louisa Larkins

~~*Sex, Male or* Female,~~ { cross out the word not required in this line. }

*Age,* — *Years,* 3 *Months,* 13 *Days.*

*Color,* ed

~~*Married,* Single, *Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* 3 Months 13 days

*Place of Death,* { Give street and number } 47 S Dallas St

*Cause of Death* { First, (Primary,) — Second, (Immediate,) Cholera Infantum

*Duration of last Sickness,* 10 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Ea Balto Pot Co

*Date of Burial,* Sept 15th 1882

*Undertaker,* M Coleman

*Place of Business,* —

S. H. Martin *M. D.*
Medical Attendant.

*Address,* —

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

Permit No. 59899 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1902 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 12th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry A. Butler

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~—~~

*Occupation,* ~~—~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 83 N. Durham St

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Phthisis

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Lynn Cemetery

*Date of Burial,* Sept 14th 82

*Undertaker,* Geo J Getz

*Place of Business,* 416 Jefferson

J J Prof'l ..... *M. D.,*
Medical Attendant.

*Address,* 137 Orleans St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59900 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1932 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 13

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Jones Wade.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, Months, 6 Days,

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 43 N Dallas St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Stasmo

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Sept 14

*Undertaker,* L L Lasko.

*Place of Business,*

Geo. W. Benson M. D.,
Medical ~~Attendant~~.

Address, Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

17 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bast.

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 7 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 27 Cross Str.

*Cause of Death,* First, (Primary,) Convulsions,

Second, (Immediate,) 2

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* September 16

*Undertaker,* [illegible]

*Place of Business,* [illegible]

L. Hannigh M. D.
Medical Attendant.

*Address* Cor Brown & Light Sts

*Extract from Regulations of the Board of Health to secure a full and correct record of*
***Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5.9902 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 13 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Noonan

*Sex, Male or Female,* {Cross out the word not required in this line.} .....

*Age,* 65 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* Laundress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give street and Number.} Dir Pleasant & Holliday

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* 10 days

All the above Information should be furnished by the Physician.

*Place of Burial,* .....

*Date of Burial,* Holy Cross Cemetery Sept 13 1882

*Undertaker,* Jas H Byrne

*Place of Business,* Front St

F G. Connolly M. D.,
Medical Attendant.

*Address,* Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 57903 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Thursday Sept 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Clifford

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 6 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 14 Constitution St.

*Cause of Death,* First, (Primary,) Diphtheritic Croup.

Second, (Immediate,) Asphyxia.

*Duration of Last Sickness,* 17 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents

*Date of Burial,* Sept 16 1882

*Undertaker,* Jas O Towne

*Place of Business,* 63 Fulton Address, 25½ Greenmont Ave

Wilmer Bristow, M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore

Permit No. 5-9907 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 13 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward O'Donnell

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 17 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} single

*Occupation* Spotter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and Number.} 22 S. Lemmer's Alley

*Cause of Death,* First, (Primary,) typho-malarial

Second, (Immediate,)

*Duration of Last Sickness,* 2 days.

All the above Information should be furnished by the Physician.

*Place of Burial* St Vincent's Cem

*Date of Burial,* Sept 14th 1882

*Undertaker,* Jno O'Byrne

*Place of Business,* 63 Hanover st

P. E. Daniel M. D.,
Medical Attendant.

*Address,* 3 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of birth and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 59905 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Sept~~ 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Trunk

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* — *Months,* — *Days,*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and Number.} Corn. Chesapeake & Bottom

*Cause of Death,* First, (Primary,) Employment Intemperance

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* a month

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery.

*Date of Burial,* Sept 15th 82

*Undertaker,* Andrew Kohler

*Place of Business,* Edmondson Ave

C. Hattrick M. D.,
Medical Attendant

*Address,* 245 E. Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 57706 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 13th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James D. Clark

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Louerdstown Md

*Duration of Residence in the City of Baltimore,* 60 Years

*Place of Death,* {Give street and Number.} 56 Myatte Av.

*Cause of Death,* First, (Primary,) Old Age

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cem

*Date of Burial,* Sept 15, 1882

*Undertaker* J. B. Blackiston

*Place of Business,* 660 west Lombard

Louis H. Nunn M. D.,
Medical Attendant.

Address, Cor Mulberry & Myatt ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 57707 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 12. 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Cyrus Henson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* *Days,*

*Color,* Black

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Co.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 21 Jordan Alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery.

*Date of Burial,* Sept 14th 1892

*Undertaker,* Wm F Gray

*Place of Business,* 69 Mulberry *Address,* 257 Madison Ave.

H. M. Milson Jr. M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[over]

# Board of Health, City of Baltimore,

Permit No. 59908 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 14. 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Burns

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and Number.} 328 Williams

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cirrhosis of the Liver

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* Septemb. 15

*Undertaker,* B. Hurst

*Place of Business,* 42 West St

Theodore Cotter M. D., Medical Attendant.

*Address,* 146 Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59909 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* ..... *Months,* ..... *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 4 McClintock ct

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Spine disease

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Sept 14

*Undertaker,* W R Dwyer

*Place of Business,* ..... *Address,* .....

Geo. W. Dixon M. D.,
~~Medical Attendant.~~
Dr of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59910 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellamore Lentz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... 9 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} # 294 Alice Anna

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,)

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cemetery

*Date of Burial,* September 15th 92 J. M. Kelbaugh M. D.,

*Undertaker,* J. C. Schuh Medical Attendant.

*Place of Business,* 265 Alice Anna *Address,* 243 Alice Anna

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 59911 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Lentz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 7 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} # 294 Alice Anna St.

*Cause of Death,* First, (Primary,) Variola followed by

Second, (Immediate,) Croup.

*Duration of Last Sickness,* Three week

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cemetery

*Date of Burial,* September 15th /82 John H. Rehberger M. D.,

*Undertaker,* J. C. Schuh Medical Attendant.

*Place of Business,* 265 Alice Anna St. *Address,* 243 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 59912 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno E. Schrifels

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 7 *Years,* 5 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* 7 " 5 " 19 "

*Place of Death,* {Give street and number.} 287 S Charles St

*Cause of death,* First, (Primary,) —

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 15

*Undertaker,* Henry Brick

*Place of Business,* Fawn St 81

R. C. Lee M. D.,
Medical Attendant.

*Address,* Hanover & Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Elizabeth Thomas

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 26 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 44 West St

*Cause of Death* { First, (Primary,) / Second, (Immediate,) } Gastro-Enteritis

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Sept 15th 1882

Robert B. Lowe M. D.
Medical Attendant.

*Undertaker,* Armstrong & Young

*Place of Business,* 260 Light

*Address,* 223 Light & 103 Battery Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.

Board of Health, City of Baltimore, 16

Permit No. 59914 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Larrimore

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Seventy Six *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md.

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give street and Number.} 163 Conway St.

*Cause of Death,* First, (Primary,) Age

Second, (Immediate,) Fall from window

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial* Balto Cemetery

*Date of Burial* Sept 15 1882

*Undertaker,* Autry & Young

*Place of Business,* 266 Light

Geo. D. Blake M. D.,
Medical Attendant.

*Address,* 168 S. Pacca

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5991 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not Named Little Cook

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ~~Years,~~ *Months,* 11 hours ~~Days.~~

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 66 N. Bond St

*Cause of Death* First, (Primary.) Not Viable

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels Cemetery

*Date of Burial,* Sept 16th

*Undertaker,* Mr Kossing

*Place of Business,* Aliceno St

Wm H. Hill M. D.
Medical Attendant.

*Address,* 196 E. Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# 18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 5996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 15th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Neal,

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 18 *Years,* ..... *Months,* ..... *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Waiter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and number} 12 Lares Alley,

*Cause of Death* { First, (Primary,) Phthisis pulmonalis

, { Second, (Immediate,) " "

*Duration of last Sickness,* One yea

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Peter.

*Date of Burial,* Sept. 15th 1882

*Undertaker,* M. J. Jordan

*Place of Business,* 63 Park Ave,

Jno. A. Pennington M. D.
Medical Attendant.

*Address,* 134 N. Carroll Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 5-9917 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 13th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Welsh

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 8 *Years,* 3 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 97 S. Castle Street

*Cause of Death,* First, (Primary,) Typho-Malarial Fever

Second, (Immediate,) Cerebral Congestion

*Duration of Last Sickness,* 3 days

All the above Information should be furnished by the Physician.

*Place of Burial.* St. Patrick Cemetery

*Date of Burial.* Sept 15/82

Edward F. McShane M. D.
Medical Attendant.

*Undertaker,* M. Clarke & Co

*Place of Business,* 92 S. Arch *Address,* 68 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

12

# Board of Health, City of Baltimore,

**Permit No.** 6998

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filed out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 14th September

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Brust

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 2 2 *Years,* , *Months,* *Days.*

*Color,* white *Sex,* Female

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 51. Lawson St.

*Cause of Death,* First (Primary,) Bright's Disease

Second (Immediate,)

*Duration of Last Sickness,* 2 y 0 m 0 d

All the above information should be furnished by the Physician.

*Place of Burial,* Friend's Burial Ground

*Date of Burial,* Sept. 17th 1882

A. F. Bru M. D.
Medical Attendant.

*Undertaker,* Thos. L. Hughes

*Place of Business,* 60 E. Baltimore St. *Address* 234 Madison Ave

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 5999 *Office of Registrar of Vital Statistics.* Ward X 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 14th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Mayling

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 6 *Years,* 4 *Months,* 26 *Days,*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } No 77 Cambridge st

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) – Croup –

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Thomas

*Date of Burial,* Sept 16

*Undertaker,* Geo Frank

*Place of Business,*

Thomas S. Evans M. D.,
Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5720 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Flanner

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* 15 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 1328 Bevan st

*Cause of Death,* First, (Primary,) Spasm

Second, (Immediate,)

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial.* Sept. 16th 1882

*Undertaker,* Valley Keehler

*Place of Business,* Sharp & Cross St *Address,* 166 L. Pratt.

D. L. Cuddihy M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 19921 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Chesman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 89 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Butler

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} MD

*Duration of Residence in the City of Baltimore,* About 50 years

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,) Brights disease

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 16 82

*Undertaker,* Wm Shuey & Denny

*Place of Business,* No 2 S Eutaw St

F West M. D.,
Medical Attendant

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore, 3

Permit No. 19922 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Ottenreiter

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 7 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 485 Durham St

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Premature Birth.

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels

*Date of Burial,* Sept 16

*Undertaker,* G Frank

*Place of Business,* .....

Geo. W. Dixon M. D.,

~~Medical Attendant.~~

*Address,* Cor Ann & Aliceanna

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6 7 4 2 3 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 14 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie G. Cook

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* [illegible] *Years,* Nine *Months,* Eight *Days.*

*Color,* White

*Married*, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Roe St.

*Duration of Residence in the City of Baltimore,* 9 mos.

*Place of Death,* {Give street and number.} 36 Roe St

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Sept 15 1882

*Undertaker,* John Hearn

*Place of Business,* 382 Orleans St

T. L. Warren M. D.,
Medical Attendant.

*Address,* 616 Bank St Ex.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9924 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Dobbs

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Six (6) *Years,* — *Months,* Five (5) *Days,*

*Color,* Colich

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 18 E Biddle Street

*Cause of Death,* First, (Primary,) Meningitis (Acute Cerebral)

Second, (Immediate,) Collapse

*Duration of Last Sickness,* Two (2) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial.* Sept 16, 1882

*Undertaker,* Henry Heath

*Place of Business,* 389 Central Ave. *Address,* 1 E Eager & Caroline Sts

D. W. Glover M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 59925 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Blanche Newcomer

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* Three *Years,* Seven *Months,* Twenty eight *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 106 N Appleton

*Cause of Death,* First, (Primary,) Acute Gastritis

Second, (Immediate,)

*Duration of Last Sickness,* About 20 hours

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park Cem.

*Date of Burial,* Sept. 16, 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St.

Elias L. Price M. D.,
Medical Attendant.

*Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 57726 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie R. Feinour

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* 9 *Months,* 19 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Lady

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. Co.

*Duration of Residence in the City of Baltimore,* Six yrs.

*Place of Death,* {Give street and Number.} 676 W. Lombard

*Cause of Death,* First, (Primary,) Tuberculosis

Second, (Immediate,) Pulmonary Consumption

*Duration of Last Sickness,* About 8 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 17

*Undertaker,* J. B. Cook

*Place of Business,*

John Hood M. D.,
Medical Attendant.

*Address,* 322 Holliday st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5727 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 14th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel R. Murdock

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* 2 *Months,* *Days,*

*Color,* colored

*~~Married, Single~~, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* { Give street and Number. } 206 Hamburg St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Dysentery

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Sept. 15th 1882

*Undertaker,* Sam'l M. Shaw

*Place of Business,* 198 E. Howard St.

L. M. Hall M. D.,
Medical Attendant.

Address, 262 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

# Board of Health, City of Baltimore,

Permit No. 59928 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Haspel Kingsbury Lauer

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ~~Years,~~ ~~Months,~~ 6 hours ~~Days.~~

*Color,* white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and Number.} 349 E. Fayette st

*Cause of Death,* First, (Primary,) 8 months foetus

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial* Sept 15th

*Undertaker,* Andrew Kuehler

*Place of Business,* 349 E Fayette st

J. G. Dandelson M. D.,
Medical Attendant.

Address,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 9729 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 14, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clementine Lasser,

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

*Occupation,* House work.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany,

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give street and Number.} 89 N. Ann St.

*Cause of Death,* First, (Primary,) Cancer of Ovary,

Second, (Immediate,) Exhaustion,

*Duration of Last Sickness,* Two months,

All the above information should be furnished by the Physician.

*Place of Burial* Aisquith Cemetery.

*Date of Burial,* Sept 16th "

*Undertaker,* Andrew Kreller

*Place of Business,* 394 E. Fayette St.

A. F. Erich M.D.,
Medical Attendant.

*Address,* 93 Park Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 59920 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Conniger

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 39 *Years,* ..... *Months,* ..... *Days,*

*Color,* cd

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and Number.} 7 Chestnut

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Consumption

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Lauriel Cem

*Date of Burial,* Sept 16

*Undertaker,* F N Burgee

*Place of Business,* .....

Geo. W. Brown M. D.,
Medical Attendant.

*Address,* Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Gerl Cragg S.J

9

Permit No. 59931

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 14 — 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard J. McSherry

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 62 Franklin St

*Cause of Death,* First, (Primary.) Inflammation of Bowels

Second, (Immediate.)

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* 16th Sept 1882

*Undertaker,* A. Wilkins & Son

*Place of Business,* 50 N. Charles

Richard McSherry M.D.,
Medical Attendant.

*Address,* 187 N. Howard St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-7732 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended my person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lemuel Richey

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 2 Hueter St

*Cause of death,* First, (Primary,)

Second, (Immediate,) Scrofula —

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Lowndesmetry

*Date of Burial,* Sept 15) 82

*Undertaker,* Theo J. Locke

*Place of Business,* 73 Jefferson st *Address,* 137 Orleans St

J. J. Groh. *M. D.,*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59783 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthew Beckert

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Cabinet Maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 17 Years

*Place of Death,* {Give street and Number.} # 273 W. Pratt St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Paralysis of Brain

*Duration of Last Sickness,* Two Years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 16th 1882

*Undertaker,* Geo Leimbach

*Place of Business,* 389 West Pratt St Address, 181 S. Fremont Ave

Dr. J. Beck M. D., Medical Attendant.

Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 11934

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

SEP 15 1882

# 12 Board of Health, City of Baltimore,

*Permit No.* 5 9934

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. W. Shaeffer

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* ____ *Years,* ____ *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* ____

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 368 Division St.

*Cause of Death,* First, (Primary,) Premature birth

Second, (Immediate,) Tetanus.

*Duration of last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 16 1882

H. R. Fetterhoff M. D.
Medical Attendant.

*Undertaker,* Jos B Leach

*Place of Business,* 207 W Balt

*Address,* 207 W Balt St

Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS. [OVER]

# Board of Health, City of Baltimore,

Permit No. 5-9838 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 15 1892

## CERTIFICATE OF DEATH.

*Date of Death,* September 15th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Wise

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 56 *Years,* 4 *Months,* 12 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Driver

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 29 Years

*Place of Death,* {Give street and Number.} 166 Read

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Typhoid Fever

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* September 17-1892

*Undertaker,* Martin Fahey

*Place of Business,* 126 Townsend

Jno. D. Blake M. D.,
Medical Attendant.

*Address,* 168 Read

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 19 5-9936

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15-12

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pattie E. Kears.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 122 Edmonson Ave.

*Cause of Death,* First, (Primary.) .....

Second, (Immediate.) Cholera Infantum.

*Duration of Last Sickness,* 2 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept 16

*Undertaker,* Meeth & Shields

*Place of Business,* 60 N Carrollton ave

J. G. Waltheim M.D.,
Medical Attendant.

*Address,* Forest Park Ave.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59937 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. Ramsburg

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 30 *Years,* 1 *Months,* 7 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and Number. } 6 Stathol

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Dysentery

*Duration of Last Sickness,* 2 days

All the above Information should be furnished by the Physician.

*Place of Burial,* W Pub Cem

*Date of Burial,* Sept 16

*Undertaker,* E A Herdman

*Place of Business,*

Thos H Buck M. D.,
Medical Attendant.

*Address,* 42 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 59738 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. H. Tull

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 11 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 11 Years

*Place of Death,* {Give street and Number.} No. 443 S. Wolfe St

*Cause of Death,* First, (Primary,) Cholera

Second, (Immediate,)

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial.* Sep 16 1882

*Undertaker,* Michael Hanly

*Place of Business,* 1033 Bank Address, 342 Wolfe St

J. D. Cutter M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1111

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 15th 1892.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar H. Hohmann.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 67 *Years,* 4 *Months,* *Days.*

*Color,* White.

*Married, Single, ~~Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Paint Maker,

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 45 Years.

*Place of Death,* {Give street and number} 152 Chew St.

*Cause of Death,* First, (Primary,) Asthmatic Consumption.

Second, (Immediate,)

*Duration of last Sickness,* About One Year.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 16th of September

*Undertaker,* Andrew Knell

*Place of Business,* 200 Columbia

John F. White - M. D.
Medical Attendant.

*Address,* 342 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 5994D *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Foskender

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 6 *Months,* 5 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} # 82 Ridgley St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* about 5 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 17th

*Undertaker,* H. G. Nameth

*Place of Business,* Franklin 451

D. A. Bell M. D.,
Medical Attendant.

*Address,* 161 S. Paca

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 57741 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McDonald

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 25 *Years,* ..... *Months,* ..... *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} D. C.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 15 Caton

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 16th 92

*Undertaker,* M. Clark & Co

*Place of Business,* 92 S Gay

E. L. Brown M. D., Medical Attendant.

*Address,* 44 W. Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 28 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} A D Brooks Jr.

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 6 *Months,* 3 *Days.*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 178 Chesnut Alley

*Cause of Death* {First, (Primary,) Intermittent Fever

{Second, (Immediate,) " "

*Duration of last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemy

*Date of Burial,* Sept 16 1882

*Undertaker,* Wm J Gray

*Place of Business,* 65 Madison Ave

John L Pennington M. D.
Medical Attendant.

*Address,* 134 N Caroline

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# // Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5-9943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 15th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Lurty.

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single,~~ Widow ~~or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} St Mary's Co. Md

*Duration of Residence in the City of Baltimore,* 22 Years

*Place of Death,* {Give street and number} 213 Gay st

*Cause of Death* { First, (Primary,) Apoplexy
Second, (Immediate,) "

*Duration of last Sickness,* One week.

All the above Information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Sept 17th 1882

Dr Jno T Pennington M. D.
Medical Attendant.

*Undertaker,* Andrews & Hodges

*Place of Business,* 416 Druid ave *Address,* 134 N Carrollton Av.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2 And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 59944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 14 = 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Collins

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 30 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Baker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} Rear 2 Jones Alley off Broadway

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Ball Cemetery

*Date of Burial,* Sept 16 1882

*Undertaker,* James O Byrne

*Place of Business,* No 63 N Front St

F. H. Davis M. D.
Medical Attendant.

*Address,* Rear 2 Jones Alley off Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 5 9945 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* September 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Moor

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* 7 *Months,* 27 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Saloon-Keeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland—fifteen years in America

*Duration of Residence in the City of Baltimore,* Eleven Years

*Place of Death,* {Give street and Number.} # 20 Orleans St

*Cause of Death,* First, (Primary,) Heart Disease

Second, (Immediate,) Five hours

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Sept 17 1882

*Undertaker,* James & Byrne

*Place of Business,* No 63 N Front St

J. Edmund Gorsuch M. D.,
Medical Attendant.

*Address,* Aisquith and Fayette Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-7746 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Septm. 16 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Ruff

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* —— *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 910 Front St

*Cause of Death,* First, (Primary,) Dysentery

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial* Balto Cemetery

*Date of Burial,* Sept 16th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Av

J. D. Scott M. D.,
Medical Attendant.

*Address,* 1403 N Gilmor

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9944 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Reed.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 23 years.

*Place of Death,* {Give street and Number.} 79 Cross St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Colitis — 6 weeks.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park C.

*Date of Burial,* Sept 16 17

*Undertaker,* B. Healy

*Place of Business,* 82 West St

R. J. N. Tall, M. D.,
Medical Attendant.

*Address,* 152 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore, 9

Permit No. 69948 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT SEP 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sptember 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Pieger

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* 0 *Months,* 0 *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Shoemaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bavaria

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Liberty st. 34

*Cause of Death,* First, (Primary,) Prostration

Second, (Immediate,) Paralysis of Heart

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 17 September

*Undertaker,* A Kinnaird

*Place of Business,* 32 North Liberty st

J. H. Hellman M. D.,
Medical Attendant.

*Address,* 120 East Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-7949 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Finke

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give street and Number.} 1822 E Lombard

*Cause of Death,* First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial.* Sept 16th,

*Undertaker,* G. Frances

*Place of Business,* Cor. Wolf & Bank

_____, M. D.,
Medical Attendant.

*Address,* 1822 E Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9960 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 16 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella F Brumbell

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} No 41 N Caroline St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Tuberculosis

*Duration of Last Sickness,* 4 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Fw & Canden

*Date of Burial,* Sept 16 1882

*Undertaker,*

*Place of Business,*

C S Mitchell M. D.,
Medical Attendant.

*Address,* East St No 128

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 5-9957 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1 1882 BALTIMORE

*Date of Death,* September 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunde Schaffer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* 8 *Months,* 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* {Give street and Number.} No 5 Mc Henry

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phisis Pulmonalis

*Duration of Last Sickness,* More than 3 Years

All the above information should be furnished by the Physician.

*Place of Burial* London Park Cemt.

*Date of Burial,* Sept 18/82

*Undertaker,* Thos & Bartlett

*Place of Business,* 62½ W. Balt St

J. H. Adams M. D.,
Medical Attendant.

*Address,* 5 Jamison St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9952 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 16th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Friedrick Burns

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* 16 *Days.*

*Color,* Wh

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 171 S Broadway

*Cause of death,* First, (Primary,) Basilar Meningitis

Second, (Immediate,) —

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemtry

*Date of Burial,* Septr. 17th

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Aliceanna *Address,*

C. B. Burton *M. D.,* Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

# Board of Health, City of Baltimore,

Permit No. 077963 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13th "82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Norris

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Unknown

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,) Pernicious Intermittent Fever

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* West Pauls County

*Date of Burial,* Sept 15 1882

*Undertaker,* Dud-A Kershner

*Place of Business,* 508 Carrollton Ave

C. W. Mitchell M. D.,
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9954 *Office of Registrar of Vital Statistics.* Ward 12th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Frank

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 6 *Years,* 3 *Months,* 11 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State of country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 230 Canton Ave

*Cause of Death,* First, (Primary,) ———

Second, (Immediate,) Scarlet Fever

*Duration of Last Sickness,* 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home

*Date of Burial,* Sept 15th 82

*Undertaker,* Jno Prince

*Place of Business,* Wolf & Bankson

Geo. N. Brown M. D.,
Medical Attendant.

Address, 1 Gen. Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Jos. Fitzpatrick

# Board of Health, City of Baltimore,

Permit No. 0-7766 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Blimle

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 1 year and 2 months

*Place of Death,* {Give street and Number.} 86 Bunsel St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Comptsumtion

*Duration of Last Sickness,* 10 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Alfouscius Cemt

*Date of Burial,* Sept 16th

*Undertaker,* B Harle

*Place of Business,* 82 West St

M. D.

Medical Attendant.

Address,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Board of Health, City of Baltimore.

Permit No. 5996

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 15/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Newbray E Laughlin

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 13 *Years,* ____ *Months,* ____ *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Nothing

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Rochester N. Y.

*Duration of Residence in the City of Baltimore,* Five years

*Place of Death,* {Give street and number} 76 E Biddle St

*Cause of Death,* First, (Primary,) Unknown

Second, (Immediate,) Congestion of Brain

*Duration of last Sickness,* Complained 3 days Really sick 7 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sep. 17th 82

_____ M. D.
Medical Attendant.

*Undertaker,* Wm. H. Hackman

*Place of Business,* 224 N. Gay St *Address,* 208 Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

# Board of Health, City of Baltimore,

Permit No. 5775 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 14, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Truman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* 1 *Months,* 22 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and number.} 163 E. Chase St.

*Cause of death,* First, (Primary,)

Second, (Immediate,) Peritonitis

*Duration of Last Sickness,* Eleven days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. [illegible]

*Date of Burial,* Sept 17 82

*Undertaker,* [illegible]

*Place of Business,* 234 N. Gay St *Address,* 317 N. Broadway

W. S. White, M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Reverse Side, and to Extract from Regulations on this Certificate.

7 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 57968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 16 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 14 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Boyd

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* 6 *Months,* 0 *Days.*

*Color,* white

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Frame-maker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Ireland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} 126 Chew St

*Cause of Death,* First (Primary,) Pulmonary Phthisis

Second (Immediate,) Adynamia

*Duration of Last Sickness,* about 14 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 17th 82.

*Undertaker,* Wm H. Hickman

*Place of Business,* 234 N. Gay St

B. F. Shore M.D.
Medical Attendant.

*Address* 128 Chew St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-7767 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Redgrave

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County, Md.

*Duration of Residence in the City of Baltimore,* Sixty years

*Place of Death,* {Give street and Number.} 294 Canton Avenue

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Old age

*Duration of Last Sickness,* Three Days

All the above information should be furnished by the Physician.

*Place of Burial,* Old Methodist Cemetery

*Date of Burial,* Sept. 17th 1882

*Undertaker,* F. L. Shaefer

*Place of Business,* 91 N. Fremont St.

Nicholas L. Dashiell, Sr. M. D.
Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9960 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Berner

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and Number.} # 235 Canton av.

*Cause of Death,* First, (Primary,) Congestion of Brain

Second, (Immediate,)

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Lauriel

*Date of Burial,* Sept 16th

*Undertaker,* H. Sander & Son

*Place of Business,* 252 Canton

John H Kellogen M. D.,
Medical Attendant.

*Address,* # 243 Alice Anna

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9961 *Office of Registrar of Vital Statistics.* Ward 15-

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine H. Catlin

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 6 *Months,* — *Days,*

*Color* ed

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 184 Hughes St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 9 days

All the above Information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* Sept 16/82

*Undertaker,* F. A. Kershner

*Place of Business,* 50 S. Carrollton

Geo. H. Jansen M. D., Medical Attendant.

Address Bd. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Bonzo Inspector

# Board of Health, City of Baltimore,

Permit No. 5962 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parente.} James Ed. Cooper

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* _____ *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} _____

*Occupation,* _____

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} No. 18 Oxford St. Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 47 N Ford St Balt Md

*Cause of death,* First, (Primary,) Odontikis

Second, (Immediate,) Encephalitis

*Duration of Last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 17th 1882

*Undertaker,* Danl. W. Chase

*Place of Business,* 198 E. Broad St

James S. Fulks M. D., Medical Attendant.

*Address,* No 164 Pearl St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore

Permit No. 57763 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 15 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 15 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Gilpin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days,*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Barrel Merchant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give street and Number.} Fort Avenue (Hamilton)

*Cause of Death,* First, (Primary,) Poisoning (accidental)

Second, (Immediate,) by Tr. Aconiti Rad taken in mistake for whiskey

*Duration of Last Sickness,* One hour

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept 17th 1882

*Undertaker,* Armstrong & Denny

*Place of Business,* 262 Eighth

H. W. Webster M. D.,
Medical Attendant.

*Address,* 59 Bond

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5996

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. SEP 16 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida M Owens

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* 9 *Months,* — *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 5 Henriette St

*Cause of Death,* First, (Primary.) Meningitis Acute

Second, (Immediate.)

*Duration of Last Sickness,* 3 - Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 17th 1882

*Undertaker,* Armstrong & Denny

*Place of Business,* 260 Light St

H B Noble M.D.,

Medical Attendant.

*Address,* 50 Warren Av

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5776 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 15 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levin H. Griffin

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 58 *Years,* *Months,* 7 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* White washer & Sexton

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Cambridge Md.

*Duration of Residence in the City of Baltimore,* Fifty five years

*Place of Death,* {Give street and Number.} #37 Douglas St.

*Cause of Death,* First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) Paralysis of Heart.

*Duration of Last Sickness,* 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 16 1882d

*Undertaker,* William N Dunger

*Place of Business,* No 62 East St

Geo F Taylor M. D.
Medical Attendant.

*Address,* 222 N Bond St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore.

Permit No. 59966 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Tighe

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days,*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 58 yrs

*Place of Death,* {Give street and Number.} 82 S. Collington Ave

*Cause of Death,* First, (Primary,) Chr Gastritis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alexis

*Date of Burial,* Sept 17

*Undertaker,* McCurley & Son

*Place of Business,*

Geo. Raymond M. D.,
Medical Attendant.

*Address,* 71 N Calvert

HEALTH DEPARTMENT SEP 16 1882 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5796 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Andrew Slack.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 11 *Months,* 13 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City. —

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 182 Eastern Ave. —

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Eclampsia. —

*Duration of Last Sickness,* One day. —

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Sept 18th 1882

*Undertaker,* Peter Frey "

*Place of Business,* 91 Eastern Ave

H. V. Lanciter M. D.,
Medical Attendant.

*Address,* 253 Eastern Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. - *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 5 9768 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 15 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 16 to Sept. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James . L. Clark

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 6 *Days,*

*Color,* Colored

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 64 Henrietta St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Trismus Nascentium

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 17 1882

*Undertaker,* William Myers

*Place of Business* No 628 Orchard St

R. H. Hall M. D., Medical Attendant.

*Address,* 262 Chase St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5-7969 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 17 1882
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 14th September 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ramp

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 78 *Years,* —— *Months,* —— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} St Mary's Co Md

*Duration of Residence in the City of Baltimore,* Don't Know

*Place of Death,* {Give street and Number.} 228 Vine St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,) Exhaustion,

*Duration of Last Sickness,* Two months,

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* Sept 17 1882

*Undertaker,* William Wenger

*Place of Business* No 62 East St *Address,* 62 E. Fayette St

M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 5-9978 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 17 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard C. Hart

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 14 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 132 Harmony Lane

*Cause of death,* First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 3 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Black St Cemetery

*Date of Burial,* Sept 17 1882

*Undertaker,* W Ellicott Mooney

*Place of Business,* No 622 E Balt St

John T. Kind *M. D.,*
Medical Attendant.

*Address,* 215 Cathedral St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 59971

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

Ward 25

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 16 1882
SEP 17 1882
BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Welch

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 2 *Years,* 9 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 412 Hanover St

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Jacks Cemetery

*Date of Burial,* 17th Inst

*Undertaker,* J Flynn

*Place of Business,* 107 West St

J. C. Burch M. D.,

Medical Attendant.

*Address,* 151 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 59972 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 16 1882 BALTIMORE MD. SEP 17 1882 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of John W. & Kath Webster

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 12 *Days,*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 12 days

*Place of Death,* {Give street and Number.} 383 Orleans Street

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemeteries

*Date of Burial,* Sept 17th 1882

*Undertaker,* Denny H. Whitehill

*Place of Business,* 66 S Broadway

Saml S. Powell M. D.,
Medical Attendant

*Address,* 29 Augusta St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 5-9973 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1882 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Borde

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 40 *Years,* 6 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Cutter

*Birthplace,* {State in country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and Number.} 487 E Balto St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* One (1) Year

All the above Information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* 18 Sept 1882

*Undertaker,* Henry Hofmann

*Place of Business,* 130 E Eden St.

F C Bloor M. D.,
Medical Attendant.

Address, 60 Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

1149

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5-9974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 15 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Cross

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Manufacturer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 178 N. Fulton Ave

*Cause of Death* { First, (Primary,) Chronic Disease of Liver
, Second, (Immediate,) Exhaustion

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* September 18th 1882

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw

*Address,* [illegible] M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 23 5-9975

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Howard

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* 2 *Months,* 10 *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 55 Pearson Lane

*Cause of Death,* First, (Primary.) Chronic Diarrhoea

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Sept. 18 1882

A. M. Cotton *M.D.,*
Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St *Address,* 343 W. Lombard

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 14 Board of Health, City of Baltimore.

*Permit No.* 57976

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Mc'Gee

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. } Male

*Age,* 66 years *Years,* five (5) *Months,* —— *Days.*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. } Widower

*Occupation,* Carter

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* { Give street and number } No. 246 Raborg St.

*Cause of Death* { First, (Primary,) Falling from a Cart-on the Head causing Cerebral Hæmorrhage, & Compression

Second, (Immediate,)

*Duration of last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Sept 18th 1882

*Undertaker,* Jos B Cook

*Place of Business,* 1607 N. Baltimore Street

I. Chew Worthington M. D.
Medical Attendant.

*Address,* 373 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible] and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully [illegible]

# Board of Health, City of Baltimore,

Permit No. 5977 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1882 SEP 17 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Durbeck

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 68 N. Chapel St.

*Cause of death,* First, (Primary,) Pneumonia

Second, (Immediate,) Paralysis Heart

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* Sept. 18. 1882

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans St

J. Holleollenberg M. D.,
Medical Attendant.

*Address,* 369 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 5-9978 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Frommer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number.} N. Chester St. Orleans & Jefferson

*Cause of death,* First, (Primary,) Chronic Dysentery

Second, (Immediate,)

*Duration of Last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Sept 17 1882

*Undertaker,* John Heneage

*Place of Business,* 382 Orleans St

J. H. Collenberg. M. D.,
Medical Attendant.

*Address,* 369 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 59979 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 17 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15th '82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Reibel

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married,* ~~Single, Widow~~ ~~Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 38 yrs

*Place of Death,* {Give street and Number.} 463 W. Chatsworth

*Cause of Death,* First, (Primary,) Hypertrophy of Heart

Second, (Immediate,) Hemorrhage of Lungs

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius Cemetri

*Date of Burial,* Septem 17 1882

*Undertaker,* John Hennessy

*Place of Business,* 382 Orleans st

John B. Monmonier M. D., Medical Attendant.

*Address,* 61 W. Saratoga st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

# Board of Health, City of Baltimore,

Permit No. 5-9780 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. Kilpatrick

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 990 Mrs Franklin st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Abscess Pneumonia

*Duration of Last Sickness,* 7 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Sept 18th 1882

*Undertaker,* Andrews & Hodges

*Place of Business,* No 416 Druid Hill Ave

D. P. J. Coffman M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5998/ *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
16
1882
SEP 17 1882
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16th. 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 2 *Months,* ——— *Days,*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First, (Primary,) Convulsions.

Second, (Immediate,)

*Duration of Last Sickness,* 24 hours —

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae.

*Date of Burial,* Sept. 17/82.

*Undertaker,* Pat. Hunt.

*Place of Business,* Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

*Address,* Harlem av. Calhoun st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 5-6982 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, SEP 17 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 15th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Augustus Williams

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* 7 *Months,* — *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} No 57½ Warren st

*Cause of death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 6 or 8 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* September 17 1882

*Undertaker,* Charles A White

*Place of Business,* 35 Granby street

R. N. Mcfflin M. D.,
Medical Attendant.

*Address,* 88 Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

# Board of Health, City of Baltimore,

Permit No. 59783 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, SEP 12 1882 BALTIMORE, MD.

*Date of Death,* Sept. 17. 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Wolf

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 108. Fremont St.

*Cause of Death,* First, (Primary,) Diphtheria & Scarlatina

Second, (Immediate,) Croup.

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 18th 1882

*Undertaker,* Matthew Cadicamo

*Place of Business,* 227 Saratoga St.

Louis Chs Horn M. D.,
Medical Attendant.

*Address,* cor Mulberry & Hyde ats

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 5-9687 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 16 1882 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16 Unknown Body found

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* abt 9 *Months,* — *Days.*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace.* {State or country, and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} Found on S. Eden St Bet Eastern & Canton Ave

*Cause of Death,* First, (Primary,) ? Drowning

Second, (Immediate,) ?

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial* E P Cemetery

*Date of Burial,* September 19

*Undertaker,* M Coleman

*Place of Business,*

Chas M. Morfit M. D.,
Coroner E. D. Medical Attendant.

*Address,* 67 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

# Board of Health, City of Baltimore,

Permit No. 57786 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 17/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} Vincent St 3rd House S of Lemale

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Stump Cemetery

*Date of Burial,* Sept 18-1882

*Undertaker,* Wm Thomson

*Place of Business,* No 62 E Cas St

John J. Kirk *M. D.,*
Medical Attendant.

*Address,* 215 N Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59986 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 17/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Kelban

*Sex,* ~~Male~~ or *Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 20 *Months,* ..... *Days,*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } 139 S. Duncan Alley

*Cause of Death,* First, (Primary,) Inanition Pat

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto

*Date of Burial,* Sept 18

*Undertaker,* H Sanderson

*Place of Business,* .....

R. W. Mansfield M. D.,
Medical Attendant.

*Address,* 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or ~~the Coroner, when the case comes under his notice,~~ to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Instructions

Permit No. 5 7787

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine E. Klein

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* 11 *Months,* 12 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 179 S. Ann Street

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,)

*Duration of Last Sickness,* 6 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial.* Sept. 19th 1882

*Undertaker,* Henry Saydeker

*Place of Business,* 852 Canton Av. *Address,* 179 S. Broadway

James J. McShane M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57788 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Stahl

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 10 *Months,* 3 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 246 Baltimore

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 10 days

All the above Information should be furnished by the Physician.

*Place of Burial,* St Agnes Country

*Date of Burial,* September 18 Theodore Bartow *M. D.,*

Medical Attendant.

*Undertaker,* Bernard Stahl

*Place of Business,* 82 West St. *Address,* 146 Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

# Board of Health, City of Baltimore.

Permit No. 5-7989 *Office of Registrar of Vital Statistics.* Ward 3.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarance W. Moore

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* Years, Two (2) Months, Nine (9) Days. 9

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} No. 65 North Bond Street

*Cause of death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Three Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* September 18/82

*Undertaker,* Wm H. Hackmann

*Place of Business* 2340 E Gay St

Wm. H. Clendinen, M. D.,
Medical Attendant.

*Address,* No. 102 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back. 111

# Board of Health, City of Baltimore,

Permit No. 57770 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 14th. September 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Volz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line}

*Age,* 64 *Years,* 4 *Months,* — *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bavary, Germany

*Duration of Residence in the City of Baltimore,* 22 years

*Place of Death,* {Give street and Number.} S. Duncan Alley 14.

*Cause of Death,* First, (Primary,) Apoplexia sanguinea.

Second, (Immediate,)

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept. 18th 1882

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave

William Henkel M. D., Medical Attendant.

Address, S. Wolfes Street 117.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 5999 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. Under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Albert Baker

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 9 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 265 West

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Inanition

*Duration of Last Sickness,* Since birth

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Sep 18

*Undertaker,* Henry Breihe

*Place of Business,* Pennsylvania Av

Thomas Cotter M. D.,
Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59992 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16 th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis A Engel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Plumber

*Birthplace,* {State or country, and now long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 580 N Bals

*Cause of Death,* First, (Primary,) Tuberculosis

Second, (Immediate,)

*Duration of Last Sickness,* 7 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Lauden Park Cemetery

*Date of Burial,* Sept 19th 1882

*Undertaker,* Wm P Hummert

*Place of Business,* 317 Mulberry St *Address,*

M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Lists of Diseases Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 5-7993 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18th 82 Schimmer

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw. F. ~~Smith~~

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* 7 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 19 Rock

*Cause of Death,* First, (Primary,) Cholera Infl.

Second, (Immediate,)

*Duration of Last Sickness,* 6 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 19 1882

*Undertaker,* P Kummer

*Place of Business,* 917 Mulberry Address

Louis Chs Horn M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5 9994 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Mabel

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} ,

*Age,* — *Years,* 2 *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} [redacted] York st 288

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Shaare Zedek Cemetery

*Date of Burial,* Sept. 18 '82

*Undertaker,* G W Perkins

*Place of Business,* 120 Henrietta

Thomas C. Hall, M. D.,
Medical Attendant.

Address, 146 Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules on Back.

# Board of Health, City of Baltimore,

Permit No. 5995 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 17th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mother's name Ellen Kirby

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* 17 *Days,* 1

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* { Give street and Number. } 280 S Eutaw St.

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) Inanition 4 weeks

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial.* Sept. 18th. '82.

*Undertaker,* C. V. Perkins

*Place of Business,* 130 Hanover

A. M. Hall M. D.,
Medical Attendant.

*Address,* 262 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 5-7776 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16, 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Reiter

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Two *Years,* Six *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* Four months

*Place of Death,* {Give street and number.} Cor. Wilson & First St.

*Cause of death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* Sept 18 82

*Undertaker,* Ambrose Thelen

*Place of Business,* 944 E. Fordham

A. S. Warner M. D.,
Medical Attendant.

*Address,* S/E Bank St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ... for Burials, to the Office ... Some Remarks below. ... of Disease on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 57997 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17th 1882 — 3.40 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Vanmeter

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Grant Co. W. Va.

*Duration of Residence in the City of Baltimore,* 10 months

*Place of Death,* {Give street and number.} 67 Cumberland St

*Cause of death,* First, (Primary,)

Second, (Immediate,) Dentition

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 19th

*Undertaker,* H. I. Vanmeter

*Place of Business,* 451 Franklin St.

Wm Jackson Evans M. D., Medical Attendant.

*Address,* 149 N. Fulton Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse.

# Board of Health, City of Baltimore,

Permit No. 59995 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 19 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kemper

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* One year

*Place of Death,* {Give street and Number.} 506 W. Pratt St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Typhoid Fever

*Duration of Last Sickness,* Two weeks.

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel, Bur.

*Date of Burial.* Sept 19

*Undertaker,* Widemeyer

*Place of Business,*

H. L. Elmer M. D.,
Medical Attendant.

*Address,* 387 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

TOVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 59999 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Thomas

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~years~~ *Years,* *Months,* 24 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} Park ave 170

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Inanition

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetary

*Date of Burial,* Sept 18th 1882

*Undertaker,* Andrews & Hodges

*Place of Business,* 704 & 6 Druid Hill Ave

Thomas Opie M. D., Medical Attendant.

*Address,* 126 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [over.]

The Special Attention of Physicia... ...lted to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60000 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Burt Wolf

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Sachsen (Germany)

*Duration of Residence in the City of Baltimore,* 2 weeks

*Place of Death,* {Give street and Number.} 224 Barney's

*Cause of Death,* First, (Primary,) teething

Second, (Immediate,) diarrhoea

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* N. Eastern

*Date of Burial,* Sept 19

*Undertaker,* J. Kuehler

*Place of Business,*

Wm Ellers M. D.
Medical Attendant.

*Address,* 95 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Penalties on the Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 6000 / *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday Sept 17 th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Clifford

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 9 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 14 Constitution St.

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis of Heart from Dipth. Poison

*Duration of Last Sickness,* Two Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Sept 18 1882

*Undertaker,* Jno O Byrne

*Place of Business,* 63 Hunt

Wilmer Tomlow M. D.,
Medical Attendant.

*Address,* 25½ Gramont Ave.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

for Burials at the Office Whence Issued.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

**Permit No.** 6002 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Monday September 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Clifford

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 2 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 14 Constitution St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion & Blood Poisoning

*Duration of Last Sickness,* Three Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* September 19th

*Undertaker,* Jas O Byrne

*Place of Business,* 63 Exchange Pl *Address,*

Wilmer Brinton M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials to the Office whe[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No 6 0 0 8 3 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 1 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Knowles

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* — *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 408 N. Fayette St

*Cause of Death,* First, (Primary,) Small Pox

Second, (Immediate,)

*Duration of Last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Sept 1 1882

*Undertaker,* H A Kerchner

*Place of Business,* 50 Carroll Address, Geo W Brown M. D.

~~Medical Attendant~~

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Geo W Brown Physician

for Re[illegible] the Office whence issued, [illegible]

No 60004

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

Permit No. 46004

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 17th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Cassandra Cooper

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ~~54~~ 80 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co.

*Duration of Residence in the City of Baltimore,* 80 years

*Place of Death,* {Give street and number} 71 W. Biddle st.

*Cause of Death* {First, (Primary,)} Chronic Bronchitis

{Second, (Immediate,)} Asthenia

*Duration of last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial.* Sept 19th 1882

Jno Dickson M. D.
Medical Attendant.

*Undertaker,* Chas T Brinsfield

*Place of Business,* 271 Pulaski St *Address,* 25 Madison Avenue

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER

For Burials in the Office when

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

Permit No. 60005 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Shines

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 42 Abey alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus C.

*Date of Burial,* Sept 19

*Undertaker,* B. Marle

*Place of Business,* 82 West Pratt

Herman Coyle M. D.,
Medical Attendant.

*Address,* 46 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60006

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. SEP 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Septr 17th. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George H. Page

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Twenty seven *Years,* *Months,* *Days.*

*Color,* ed

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} *Sex,* Single

*Occupation,* Barber

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Richmond Va.

*Duration of Residence in the City of Baltimore,* Three months

*Place of Death,* {Give street and number.} 60 Orchard St.

*Cause of Death,* First (Primary,) Acute Phthisis

Second (Immediate,)

*Duration of Last Sickness,* about three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel County

*Date of Burial,* Sep 18 1882

*Undertaker,* Ady Hemsley

*Place of Business,* 116 Orchard St *Address* 41 Orchard St.

W. N. Thompson *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

8

# Board of Health, City of Baltimore,

Permit No. 60007

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* September 8th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Eccleston

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 83 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Gunsmith

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and number.} 105 Point-Lane Last-fifty years in Balto. Co. "

*Cause of Death,* {First (Primary,) Asthma
Second (Immediate,) Brights Disease

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Chase station Balto Co

*Date of Burial,* Sep 12 1882

A. G. Watson M. D.
Medical Attendant.

{*Undertaker,* Beckelman & Cannon
{*Place of Business,* 38 Enear st *Address* 437 N. Central Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60008 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Brown.

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 8 *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 57 Stockton ally

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Spasms

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Thanet

*Date of Burial,* Sept 18

*Undertaker,* W N Dunger

*Place of Business,*

Chas. W. Dixon M. D.,

~~Medical Attendant~~

*Address* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule 9.

# Board of Health, City of Baltimore,

Permit No. 66609 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 19 1892 HEALTH DEPARTMENT SEP 19 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept the 18

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Coard

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Philadelphia

*Duration of Residence in the City of Baltimore,* 2 months

*Place of Death,* {Give street and Number.} 317 Alice Anna St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Teeding and Sommes complain

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Michals Bur

*Date of Burial,* 20 Sept

*Undertaker,* Mr France

*Place of Business,*

Chas W Dinsen M. D.,
Medical Attendant.

Address Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

# Board of Health, City of Baltimore,

Permit No. 60010 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza A Howard

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 87 Eutaw St

*Cause of Death,* First, (Primary,) Endocarditis with Paralysis of left side from embolism

Second, (Immediate,) Coma

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Bolton Cemetery

*Date of Burial,* Sept 19th

*Undertaker,* Frey & Son

*Place of Business,*

Wm H Giffenduffer M. D.,
Medical Attendant.

*Address,* High St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

# Board of Health, City of Baltimore,

Permit No. 6611 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Howard Gantt

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* —— *Years,* 6 *Months,* —— *Days,* 1

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ——

*Occupation,* ——

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* 6 mos

*Place of Death,* { Give street and Number. } 60 Walnut Ave

*Cause of Death,* { First, (Primary,) ——
Second, (Immediate,) Quarantine

*Duration of Last Sickness,* one month

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept. 18th 1882

*Undertaker,* Saml. W. Chase

*Place of Business,* 198 S. Howard St.

E. T. Gillis M. D.,
Medical Attendant.

Address 150 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

19 **Board of Health, City of Baltimore,**

**Permit No.** 6012 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 19 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie M. Matthews

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* *Months,* *Days.*

*Color,* White *Sex,* female

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Lady

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Chicago Illinois

*Duration of Residence in the City of Baltimore,* Nine Months

*Place of Death,* {Give street and number.} 224 N. Eutaw St.

*Cause of Death,* First (Primary,)

Second (Immediate,) Typhoid fever

*Duration of Last Sickness,* Seven Weeks. Only attended three or four days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cem

*Date of Burial,* Sept 20th 1882

W. P. Hettrick M. D.
Medical Attendant.

*Undertaker,* Penny & Mitchell

*Place of Business,* 550 W Fayette St Address 71, Franklin St

Copy to

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 19 Board of Health, City of Baltimore,

**Permit No.** 60013

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. Dec 17 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Rodgers

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 71 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life except 20 yrs

*Place of Death,* {Give street and number} 165 S. Sharp St.

*Cause of Death* {First, (Primary,) Phthisis Pulmonalis

{Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* Sept 20/82

*M. D.*
Medical Attendant.

*Undertaker,* Henry Mitchell

*Place of Business,* 55 & 57 Fayette St *Address,* 121 N. Howard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# Board of Health, City of Baltimore,

Permit No. 66144 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eunice Mulcahy

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* *Months,* *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Columbia Pa

*Duration of Residence in the City of Baltimore,* One Year

*Place of Death,* {Give street and Number.} Hanover St near Nicholson

*Cause of Death,* First, (Primary,) Dysenteria

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 18 days

All the above Information should be furnished by the Physician.

*Place of Burial,* S E Baltimore

*Date of Burial,* Sept 19 1882

*Undertaker,* C F Evans

*Place of Business,*

J. L. Mistras M. D., Medical Attendant.

*Address,* 44 So Broadway

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Sign [illegible]

# Board of Health, City of Baltimore,

Permit No. 60015 — *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 3 Sept 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lee Kirwan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 1 *Months,* 25 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* 4. 1. 25.

*Place of Death,* {Give street and number.} 54 Barre St

*Cause of death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudan Pk Cemetery

*Date of Burial,* Sept. 19th.

*Undertaker,* R. N. Tovell

*Place of Business,* 131 Hanover St

R. C. Lee M. D.,
Medical Attendant.

*Address,* Hanover & Barre Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

# Board of Health, City of Baltimore,

Permit No. 60016 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Applechester

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 3 *Months,* 18 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 42 Odonnell

*Cause of Death,* First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Sept 20 1882

*Undertaker,* G. France

*Place of Business,* Barnes & Wolfe *Address,* 58 Eliott

E. J. Williams M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

# Board of Health, City of Baltimore,

Permit No. 60017 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Shoheaker

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* 8 *Months,* 9 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 264 S. Ann St

*Cause of Death,* First, (Primary,) Variola Malignant

Second, (Immediate,)

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ft McHenry

*Date of Burial,* Sept 19 1882

John A Kellergan, M. D.,
Medical Attendant.

*Undertaker,* G. Franca

*Place of Business,* Franca & Wolfe *Address,* 243 Aliceanna

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

# Board of Health, City of Baltimore,

Permit No. 60018 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 18, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa R. Browning

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days,*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* School Teacher

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 95 N. Eden St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Chronic Gastritis,

*Duration of Last Sickness,* 2 months

At the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Sept 20th, 1882

*Undertaker,* Thos. L. Hughes

*Place of Business,* 60 E Baltimore St *Address,* 95 E Balt. St.

J. W. Hook M. D.,
Medical Attendant.

HEALTH DEPARTMENT SEP 19 1882 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

# Board of Health, City of Baltimore,

Permit No. 66019 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept, 17 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J. McQuade

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and Number.} 141 S. Exeter St.

*Cause of Death,* First, (Primary,) .....
Second, (Immediate,) Typhoid Fever

*Duration of Last Sickness,* Five Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents

*Date of Burial,* Sept 19 1882

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Grand

A Brophy Thurston M. D.,
Medical Attendant.

*Address,* 11 S Hupt St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

# Board of Health, City of Baltimore,

Permit No. 60020 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 9 September 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Hecker

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* ..... *Years,* 10 *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~ Single

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 200 York St.

*Cause of Death,* First, (Primary,) Inflammation of bowels

Second, (Immediate,) asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sep 14

*Undertaker,* Geo W Perkins

*Place of Business,* 130 Monumental

W. S. Booze M. D.,
Medical Attendant.

Address, 240 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians ...

# Board of Health, City of Baltimore,

Permit No. 6621 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Meredith

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 8 *Months,* *Days,*

*Color,* colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State on country, and now long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 206 Hamburg St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Sept. 19 1886

*Undertaker,* Chas. M. Chase

*Place of Business,* 198 E. Howard St. *Address,* 262 Sharp St.

L. M. Hall *M. D.,*
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last Sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of ...

# Board of Health, City of Baltimore,

Permit No. 60622 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Welderling.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 3 *Days,*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 215 Williams st.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Premature Birth.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 19

*Undertaker,* P Ware

*Place of Business,*

Geo. H. Simon M. D.,

~~Medical Attendant.~~

Address, 6 W. Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully [illegible]

# Board of Health, City of Baltimore,

Permit No. 60623 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Darby

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* 7 — *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore md

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and Number.} 213 S. Paca St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* Nearly all his life

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cem

*Date of Burial.* Sept 21 - 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 630 S. Broadway

G A Dohme M. D.,
Medical Attendant.

*Address,* 86 E Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Memoranda Below...

# Board of Health, City of Baltimore,

Permit No. 60024 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph B Taylor

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days,*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and Number.} Boarding House

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Heart disease

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Accomac Co Va

*Date of Burial,* Sept 19th, 1882

*Undertaker,* Wm. J. Tiekner

*Place of Business,* 136 Camden St

F G. Connelly M. D.,
Medical ~~Attendant~~.
Address, Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Now at 138 Hanover St

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

# Board of Health, City of Baltimore,

Permit No. 60825 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 18 September 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Hutchison

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 12 *Years,* 6 *Months,* *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Attending School

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 196, Hamburg St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 19 1882

*Undertaker,* H Ross

*Place of Business,* 15 Conway St

L. D. Iyer M. D.

Medical Attendant.

*Address,* 146, Hill St

L. D. IYER M. D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

The Special Attention ...

# Board of Health, City of Baltimore,

Permit No. 66826 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 17th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Schneider

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 53 *Years,* 11 *Months,* ~~Days~~,

*Color,* White

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ ~~*or Widower*~~, {Cross out the word not required in this line.} (Married)

~~*Occupation*~~, Saloon Keeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and Number.} No 309. Canton Ave

*Cause of Death,* First, (Primary,) Paralysis

Second, (Immediate,) [redacted]

*Duration of Last Sickness,* 24 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Septr 19th 1882

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Av.

Thomas B. Evans, M. D.,
Medical Attendant.

*Address,* 22 Gough Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is ...

# Board of Health, City of Baltimore,

Permit No. 60027 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16. 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry L. Yeager

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 71 *Years,* 5 *Months,* 6 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Gilder

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Philadelphia

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* { Give street and Number. } 59 S Poppleton

*Cause of Death,* First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

*Duration of Last Sickness,* 1 week "

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem. Thos Opie M. D.

*Date of Burial,* Sept. 18 1882

*Undertaker,* J B Cook Medical Attendant.

*Place of Business,* 707 W. Balto St. *Address,* 39 N. Carey

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

18

# Board of Health, City of Baltimore,

Permit No. 60018

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver J. Diffendall

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* 3 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 46 Washington Avenue

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) malnutrition

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Sept. 18 1882

A. Ad Colburn M.D.,
Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St. *Address,* 343 W. Lombard

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

# Board of Health, City of Baltimore,

Permit No. 60029 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Scott.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* — *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 124 N. Dallas St

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Israel cemetery

*Date of Burial,* Sept 19 1882

*Undertaker,* William Murphy

*Place of Business,* No 62 East St

D. L. Gaston M. D.,
Medical Attendant.

*Address,* 137 Orleans St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited ...

# Board of Health, City of Baltimore,

Permit No. 60030 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16 1884

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ora Grant

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 2 *Years,* 6 *Months,* 1 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State of country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 1020 Canton Ave

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Athenaeus

*Date of Burial,* Sept. 19th 84

*Undertaker,* S. Frame

*Place of Business,* Bantz & Wolf *Address,* 24 E. Fayette Ave

W. Gatchell M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

# Board of Health, City of Baltimore,

Permit No. 60031 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Harvey

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* — *Months,* 2 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give street and Number.} 11 Hamburg St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 4 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 19/1882

*Undertaker,* Anthony Denny

*Place of Business,* 263 Light

Richard Gatch M. D.,
Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

Permit No. 60032

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF ~~DEATH~~.

*Date of Death,* September 16th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Miller

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38. *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Seaman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* Not Known

*Place of Death,* {Give street and number.} St Josephs Hospital

*Cause of Death,* First, (Primary.) Valv: Disease of Heart with

Second, (Immediate.) Hypertrophy

*Duration of Last Sickness,* 2 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls

*Date of Burial,* Sept 18

*Undertaker,* M Coleman

*Place of Business,*

S. V. G. Hoffman M.D.,
Medical Attendant.

*Address,* St Josephs Hosp

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 8833 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Blume

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 72 *Years,* 5 *Months,* 14 *Days,*

*Color,* White

*~~Married, Single,~~ Widow ~~or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 18 Months

*Place of Death,* {Give street and Number.} No 453 Light st

*Cause of Death,* First, (Primary,) Old Age

Second, (Immediate,) Prostration

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Frederick city

*Date of Burial,* Sept 20th

*Undertaker,* B. Harle

*Place of Business,* 82 West st

C. L. Buddenbohn M. D.,
Medical Attendant.

*Address,* 166 S. Paca st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully

# Board of Health, City of Baltimore,

Permit No. 60534 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday Sept 17 th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wally

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 75 *Years,* *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Hod Carrier

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Falls Co. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 31 Lew Alley

*Cause of Death,* First, (Primary,) Apoplexy with Paralysis of Left Side

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Cemetery

*Date of Burial,* Sept 19 1882

*Undertaker,* Wilson Murray

*Place of Business* No 62 East St *Address,* 25½ Brunnert Ave

Wilmer Trotter *M. D.*,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60835 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. B. Miller

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 29½ N. Broadway

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial.* Baltimore Cemetery

*Date of Burial.* Sept 20th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

E. B. Fenby M. D.,
Medical Attendant.

*Address,* Cor. Eden & Biddle Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

The Special Attention of Physicians is ...

# Board of Health, City of Baltimore, 2

Permit No. 60036 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lewis

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 60 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} Tyrone Co. Ireland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and Number.} 324 Block Street

*Cause of Death,* First, (Primary,) Malarial Fever & Heart

Second, (Immediate,) .....

*Duration of Last Sickness,* 3 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept. 20, 1882

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Broadway

James F. Hess M. D.,
Medical Attendant.

Address, 64 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER

# Board of Health, City of Baltimore,

Permit No. 60837

*Office of Registrar of Vital Statistics.*

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 19, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. A. Trump

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 2 hours *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 242 N. Gay Street Balto Md

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number.} 242 N. Gay St

*Cause of death,* First, (Primary,) Immature birth (8 Month)

Second, (Immediate,) ———

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Parkton Balto. Co.,

*Date of Burial,* Sept. 20th 1882

*Undertaker,* Wm. H. Eichman

*Place of Business,* 234 N. Gay St.

C. A. Thomas M. D.,

Medical Attendant.

*Address,* 66 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

# Board of Health, City of Baltimore,

Permit No. 60638 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 19 1882 RECEIVED

*Date of Death,* Sept 19 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Young

*Sex, Male or Female,* {Cross out the word not required in this line.}

SEP 20 BALTIMORE

*Age,* 2 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ball

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give street and Number.} 256 Baltimore

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cairo

*Date of Burial,* Sept 21

*Undertaker,* C Harle

*Place of Business,*

*Medical Attendant.* Theodore Bertha M. D.,

*Address,* 146 Hanover

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully [illegible]

# Board of Health, City of Baltimore,

Permit No. 60039 *Office of Registrar of Vital Statistics.* Ward 6 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mayer Fox

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... *Days,*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and Number.} 101 N. Broadway

*Cause of Death,* First, (Primary,) Unknown to me

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* since birth I believe

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St Cemetery

*Date of Burial,* Sept 20th 1882

Milton A. Taylor M. D.,
Medical Attendant.

*Undertaker,* Jno Elsen

*Place of Business,* 101 Gough St *Address,* 138 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians ...

# Board of Health, City of Baltimore,

Permit No. 60648 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19 16

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Klinnecke

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Year,* 8 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 126 Sth Spring St.

*Cause of death,* First, (Primary,) ...

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul Cem

*Date of Burial,* Sept. 20. 1916

*Undertaker,* H. Lauder & Son

*Place of Business,* 222 Carlton Ave

L. C. Wilson M. D.
Medical Attendant.

*Address,* 12 S. Eddy

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60041 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 19 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Quinlin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 16 Circumvallation

*Cause of death,* First, (Primary,) Diphtheria. Malignant.

Second, (Immediate,) 7 Days

*Duration of Last Sickness,* 8 D. This is an L dis fatal case I

All the above information should be furnished by the Physician. Called Yesterday to this Evening

*Place of Burial,* Holy Cross Cy

*Date of Burial,* Sept 20 1882

*Undertaker,* Henry Soest

*Place of Business,* 80 S. N. Eutaw St

Edward M Revell M. D.,
Medical Attendant.

*Address,* 64 Augusta

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 66042 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard A. Barbe

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Year,* 4 *Months,* 1 *Day,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 25-4 Montgomery St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Enteritis.

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept. 21

*Undertaker,* N. Krause

*Place of Business,* Saratoga St.

R. J. H. Tall M. D.,
Medical Attendant.

*Address,* 15-28 Hanover St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60043

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret McGuire

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* 3 *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 124 Johnson St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Disease of Heart.

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Sept 20/1882

*Undertaker,* Smith & Conn

*Place of Business,* 263 Lexington

H. W. Quinn *M.D.,*
Medical Attendant.

*Address,* 48 Woodlock St.

HEALTH DEPARTMENT SEP 19 1882 BALTIMORE

SEP 20 1882

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60044 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 19 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20, 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amelia E. Brevell

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* 5 *Months,* 7 *Days,*

SEP 20 1892 BALTIMORE

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and Number. } 5 Randall St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Meningitis (Cerebral)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Greenmount Cem~~ Cedar Hill Cemetery

*Date of Burial,* September 20

*Undertaker,* ~~B. Hurley~~

*Place of Business,* ~~92 West~~

Herbert Earle M. D.,
Medical Attendant.

*Address,* 4 & 6 Eden St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60845 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 19 1892 BALTIMORE

*Date of Death,* September 19/92.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Earl

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 4 *Years,* 1 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore since birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 200 Peach Alley

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alyssius Cemetery

*Date of Burial,* Sept 20

*Undertaker,* B. Hull

*Place of Business,* 52 West St. Jno. Scott M. D., Medical Attendant.

*Address,* 281 S. Charles St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60846 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Otto Hennecke

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* ..... *Months,* 14 *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } 54 Gilley Ct.

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) Spasms

*Duration of Last Sickness,* .....

At the above information should be furnished by the Physician.

*Place of Burial,* O M E Cem

*Date of Burial,* Sept 20

*Undertaker,* B Hartle

*Place of Business,* .....

Geo. H. Dunn M. D.,
Medical Attendant.

*Address,* Cor. of Heath

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 60047

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday Sept 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jones

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 5 *Months,* — *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 40 Saratoga St

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) Inanition

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Levnel Cemetery

*Date of Burial,* Sept 20 1882

*Undertaker,* Willard Dunger

*Place of Business,* No 62 East St

H Stanley *M.D.,*

Medical Attendant.

*Address,* 57 N Calvert St

SEP 19 1882 BALTIMORE

SEP 20 1882

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60948 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William S. Hecks

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* *Days,*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Tailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Demerara

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and Number.} 9 N Albemarle St

*Cause of Death,* First, (Primary,) Blow upon the abdomen

Second, (Immediate,) Shock to the nervous system

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenslager

*Date of Burial,* Sept 20 1882

*Undertaker,* Wilson Murray

*Place of Business,* No 62 E Balt St

H. G. Conner M. D.,
Medical Attendant.

*Address,* Comm

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60049 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Custis

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 2 *Years,* ..... *Months,* ..... *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } 9 Parish ally

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Scrofula

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial.* A Sharpe

*Date of Burial.* Sept 20

*Undertaker,* W N Dugee

*Place of Business,* .....

Geo W Sanders M. D.,

Medical Attendant

*Address,* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60050 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 19

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Heath Ware

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* 5 *Days,*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 10 Peach alley

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Premature Birth.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* W P Cem

*Date of Burial,* Sept 20

*Undertaker,* W F Kershaw

*Place of Business,* .....

Chas. W. Dixon M. D.,
~~Medical Attendant.~~

*Address,* Com of Health

SEP 20 1892

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

6

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 20 1882 BALTIMORE

*Date of Death,* Sept 18th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~August~~ Bertie Steiner

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ____ *Years,* ____ *Months,* 10 *Days.*

*Color,* White. *Sex,* Female

HEALTH DEPARTMENT SEP 20 1882 BALTIMORE

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 144. Fairmount Ave

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number.} ____

*Cause of Death,* First (Primary,) Asphyxia.

Second (Immediate,) ____

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sep 20/82

*Undertaker,* Fry & Son

*Place of Business,* 87 W Broadway *Address*

I M Carter. M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 6085 2 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 19th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos S. Stine

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 43 *Years,* 1 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Tailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 215 Bolton St

*Cause of death,* First, (Primary,) Typhoid fever

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* 7 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Sept 21 1882

*Undertaker,* John Slacha

*Place of Business,* No 150 Camden

H F Hill
S E Chew
Chas. Johnston M. D.,
Medical Attendant.

*Address,*

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 66653 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 18, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Kemarzell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} #3 Fayette Ct.

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Sept 20 1882

*Undertaker,* John Kenney

*Place of Business,* 382 Orleans St

J. H. Collenberg M. D.,
Medical Attendant.

*Address,* 369 E. Baltimore St.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gella Katz.

*~~Sex, Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 61 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number} 202 W. Lombard St

*Cause of Death,* First, (Primary,) Diabetes Mellitus

Second, (Immediate,) 2 attended during last 12 days.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Lebanon Cem

*Date of Burial,* Sept 21st

*Undertaker,* Wm Eilau

*Place of Business,* 101 Gough St

Wm. Eilau M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 60865 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Cole

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 59 *Years,* *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 41 Perry St

*Cause of Death,* First, (Primary,) Diptheria

Second, (Immediate,)

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* W Pen

*Date of Burial,* Sept 20

*Undertaker,* J A Kerchner

*Place of Business,*

W. E Boze M. D.,
Medical Attendant.

*Address,* 210 Chapel

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No 60056 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Male -

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 30 - *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland -

*Duration of Residence in the City of Baltimore,* Not known -

*Place of Death,* {Give street and Number.} City Hospital

*Cause of Death,* First, (Primary,) Malaria

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 4 weeks -

All the above information should be furnished by the Physician.

*Place of Burial,* E Rub Cem

*Date of Burial,* Sept 20 -

*Undertaker,* M Coleman

*Place of Business,*

Gothoney M. D.,
Medical Attendant.

*Address,* City Hosp -

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60067 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 20th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rose Owens

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 16 *Years,* ——— *Months,* ——— *Days,*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Harford Co Md

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* { Give street and Number. } 63 Jenkins Alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption

*Duration of Last Sickness,* 11 Months

All the above information should be furnished by the Physician.

*Place of Burial* Loudenslager Md.

*Date of Burial* Sept 21 1882

*M. D.,* Medical Attendant.

*Undertaker,* Charles A White

*Place of Business,* 35 Granger *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6665'8 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 19 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Sinclair

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 10 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 217 Saratoga St. Balto.

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number.} 217 Saratoga St

*Cause of death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,) ———

*Duration of Last Sickness,* about 2 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* September 21st 20th 82

*Undertaker,* Walter Cardegan.

*Place of Business,* 22 Hughlett St. Address, 244 N Howard St

Chas. E Kirwan M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60959 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaretta Gesell.

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* — *Years,* 4 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Philadelphia Road. Bull Co Md

*Duration of Residence in the City of Baltimore,* 2 weeks

*Place of Death,* { Give street and Number. } 24 Comet St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cemetery

*Date of Burial,* Sept 21st 1882

*Undertaker,* Leo & Kitz

*Place of Business,* 122½ S Broadway

G A Shuman M. D., Medical Attendant.

*Address,* 8 E Hamilton St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60860 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Amelia Hellbach

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 1 *Months,* 25 *Days,*

*Color,* White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 146 Sterrett St.

*Cause of Death,* First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Asphyxia

*Duration of Last Sickness,* 6 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Sept 20th 1882

*Undertaker,* Wm. J. Tilsen

*Place of Business,* 136 Camden St

Wm Gould M. D.,
Medical Attendant.

*Address,* 17 ON. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60061 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose E Lucchesi

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 36 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 96 Wyoke ave

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* N Cathedral

*Date of Burial,* Sept 21

*Undertaker,* J B Cook

*Place of Business,*

D L Williams M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60062 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharina Elizabetta Weigand

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* 8 *Months,* 21 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Prussia

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give street and Number.} 140 Bolton

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cerebral Congestion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* Sept 21 1882

D. P. Hoffman M. D.,
Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 709 W. Balto St *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60063 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie M. F Causey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* 4 *Months,* 12 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 395 west Lombard

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Typhoid Fever 2 weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem.

*Date of Burial,* Sept. 21 1882

*Undertaker,* J B Cook

*Place of Business,* 707 W. Balto. St. Address,

D. P. Hoffman M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore.

Permit No. 60064 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Strott

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* 2 *Months,* 10 *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 746 W Balto en

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of Last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Sept. 22 1882

James Bowling M. D.,
Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 709 W. Balto St. *Address,* 319 Hollins en

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 60865 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Klemm

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years~~, 13 *Months,* ~~Days~~,

*Color,* White

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} No 41 Park st

*Cause of Death,* First, (Primary,) (Variola)

Second, (Immediate,)

*Duration of Last Sickness,* 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Sept 20th 1882

*Undertaker,* H. Sondheimer

*Place of Business,* 252 Hanover

Thomas P. Evans, M. D.,
Medical Attendant.

*Address,* 92 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60066 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 20th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilbert Nuff

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 11 Months, Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and Number.} 86 Mert. St.

*Cause of Death,* First, (Primary,) ——

Second, (Immediate,) Meningitis

*Duration of Last Sickness,* 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Madison, Don Co.

*Date of Burial,* Sept 21st 82 Md.

*Undertaker,* B. Karle

*Place of Business,* Mert. St.,

R. J. N. Tall, M. D.,
Medical Attendant.

*Address,* 152 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over)

# Board of Health, City of Baltimore, 7

Permit No. 60069 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franciscus Poula

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, Eight (8) Months, One (1) Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balti city

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 13 Barnes St

*Cause of Death,* First, (Primary) Tuberculer Meningitis

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* Two (2) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* Sept. 21st 1882

*Undertaker,* John Herweg

*Place of Business,* 382 Orleans st.

E. W. Flour M. D.,
Medical Attendant.

Address, 20 E Eager st Carrollton & 55th

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6068 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Woodstock Armstrong

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* one *Years,* three *Months,* twenty seven *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Woodstock Va

*Duration of Residence in the City of Baltimore,* Sixteen months

*Place of Death,* {Give street and number.} # 10 N. Wolf st

*Cause of death,* First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* four months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sep 21/82

*Undertaker,* Ly & Bro

*Place of Business,* 71 W Broadway *Address,*

Walter Ray *M. D.,* Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6669 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 19th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary A. Blanchard

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

*Age,* Ninety Two *Years,* — *Months,* *Days.*

*Color,* White

*Married,* ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Forty (40) Years

*Place of Death,* {Give street and number.} No. 105 North Broadway

*Cause of death,* First, (Primary,) —

Second, (Immediate,) Old Age

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 21/82

*Undertaker,* Fry & Bro

*Place of Business* 17 W Broadway *Address,* No. 102 N Broadway

Wm. H. Cleudiner, M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60078 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended my person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Eberhard

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 8 *Months,* 2 6 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 407 Sharp St

*Cause of Death,* First, (Primary,) Malarial Fever

Second, (Immediate,) Congestion of the Brain

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bloomfield

*Date of Burial,* Sept 22

*Undertaker,* Sept 21

*Place of Business,*

Theodore Cook M. D.,
Medical Attendant.

*Address,* 146 Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6087 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept- 21st- 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marry Moore

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* — *Months,* — *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 119 E. Biddle

*Cause of Death,* First, (Primary,) Apoplexy

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* 7. Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore city

*Date of Burial.* 23 Sept.

*Undertaker,* Henry McGinnis

*Place of Business,* No 8 Central

Wm. E. Russell M. D.,
Medical Attendant.

*Address,* 238 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of [illegible]

Permit No. 60072 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 21 1892 BALTIMORE

*Date of Death,* Sep 21 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Kilmurray

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Baby

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Ever since

*Place of Death,* {Give street and Number.} 88 S. Spring St

*Cause of Death,* First, (Primary,) Fall on head

Second, (Immediate,) Meningitis

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial* Holy Cross Cemetery

*Date of Burial,* Sept 22nd 1892

*Undertaker,* M A Sanson

*Place of Business,* 94 S Bond

Wm Morris M. D.,
Medical Attendant.

*Address,* 5 Jackson St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60073 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20th, 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Glain

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* One Hour *Months,* ~~*Days.*~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} No 290 Eastern Ave

*Cause of Death,* First, (Primary,) Premature Birth

Second, (Immediate,)

*Duration of Last Sickness,*

At the above information should be furnished by the Physician.

*Place of Burial,* Ft Parnham

*Date of Burial,* Sept 21

*Undertaker,* D Bland

*Place of Business,*

W. H. Reddy M. D.,
Medical Attendant.

*Address,* 243 Eastern Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 66074 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT SEP 21 1892

## CERTIFICATE OF DEATH.

*Date of Death,* John Gotke Sept 3 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gotke

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 58 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and number.} 9 Caroline St

*Cause of Death,* First, (Primary,) Malonia Fever

Second, (Immediate,) 3 weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* September 5 1892

*Undertaker,* H. M. Fahnestock

*Place of Business,* 241 Caroline St

E. I. Williams M. D.,
Medical Attendant.

*Address,* 58 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 66675 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 20. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Neck

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 3 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 72 Payson st

*Cause of Death,* First, (Primary,) Chronic Gastro enteritis

Second, (Immediate,) .....

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem'y Bay

*Date of Burial,* September 21. James Boeley M. D.,

Medical Attendant.

*Undertaker,* D. & S. Pauls

*Place of Business,* 6 & Fayette } *Address,* 219 Hollins st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 6076 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 20, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth McCarty

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* School Girl

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 129 Pierce near Clinton ave

*Cause of death,* First, (Primary,) Phthisis pulmonalis

Second, (Immediate,)

*Duration of Last Sickness,* about 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 21st 1882

*Undertaker,* John Weaver

*Place of Business,* No 202 N. Eutaw st

H. Grey Smith M. D., Medical Attendant.

Address, Fronbeudand Fremont

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish to the Undertaker or other persons superintending the burial, a Certificate setting forth as soon as forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60077 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

*Date of Death,* Sept 20 – 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Wilson

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 87 *Years,* 4 *Months,* *Days,*

*Color,* White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and now long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during entire life

*Place of Death,* {Give street and Number.} No 172 Aisquith St

*Cause of Death,* First, (Primary,) Natural causes

Second, (Immediate,) fall

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Sept 22nd

*Undertaker,* Geo. Schilling

*Place of Business,*

D. V. Mayer M. D., Medical Attendant.

*Address,* 170 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 60078 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 20/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Hager

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Stevedore

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 10 yrs

*Place of Death,* {Give street and Number.} — Warren Court

*Cause of Death,* First, (Primary,) Paralysis

Second, (Immediate,)

*Duration of Last Sickness,* 24 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenslager

*Date of Burial,* Sept 22

*Undertaker,* Lynch

*Place of Business,* 151 E. Balt St

R. W. Mansfield M. D.,
Medical Attendant.

*Address,* 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 60679 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 20th 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Fralz

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* *Months,* 11 *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 107 Harmony Lane

*Cause of Death,* First, (Primary,) Diptheria & Scarlet fever

Second, (Immediate,)

*Duration of Last Sickness,* 8 Days

(All the above information should be furnished by the Physician.)

*Place of Burial,* Western Cemetery

*Date of Burial,* 22 Sept. 1882

*Undertaker,* J. L. Kelly

*Place of Business,* 208 Pratt St. Louis Dr Horn M. D., Medical Attendant.

Address, Mulberry & Fayette sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore,

Permit No. 60080 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1882

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 20th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Baker

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 7 *Years,* — *Months,* 5 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Child

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Infant

*Place of Death,* { Give street and Number. } 35 Bond st

*Cause of Death,* First, (Primary,) Natural

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Ameh

*Date of Burial,* Sept 22

*Undertaker,* Henry Briles

*Place of Business,* Harrysetta 81

G. Collin Mor M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Recorded

19

Permit No. 60081

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 19th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Denwood Barrow.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male.

*Age,* 95 *Years,* 3 *Months,* 24 *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Married.

*Occupation,* Book Keeper

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Cambridge Md.

*Duration of Residence in the City of Baltimore,* 40 Years.

*Place of Death,* {Give street and number.} 567 W. Fayette St.

*Cause of Death,* First, (Primary.) Senile Debility.

Second, (Immediate.) Hemiplegia

*Duration of Last ~~Sickness~~,* 3 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Sept 21st 1882

*Undertaker,* Lucy and Mitchell

*Place of Business,* 557 W Fayette St

Jno F. Powell. M.D.,
Medical Attendant.

*Address,* 227 Carrollton Ave.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 60852 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

*Date of Death,* Sept 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Virtue

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 35 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Teacher

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ohio

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and Number.} 8 Harlem ave

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.) Neurasthenia

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial.* London Park Cem.

*Date of Burial.* Sept 23 1882

*Undertaker* Jas. E. Gibbons

*Place of Business,* 5 & 7 Hagerstown Address, 47 Edmondson ave

Jas. E. Gibbons M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 60083

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21st 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lenora Cotrip

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* — *Months,* — *Days.*

*Color,*

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* School Teacher

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Talbot Co Md

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and number.} 7 E Courtland St

At Thos Pulmonalis

*Cause of Death,* First, (Primary.) Asthenia

Second, (Immediate.)

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Easton Md

*Date of Burial,* 24th Sept 1882

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 75 N. Charles

Alan P. Smith M.D.,
Medical Attendant.

*Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

# Board of Health, City of Baltimore,

Permit No. 60084

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 21 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Harvey Martin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Co.

*Duration of Residence in the City of Baltimore,* twelve years

*Place of Death,* {Give street and number.} 470 Lexington st

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Six Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Rister town

*Date of Burial,* 22 of Sept

*Undertaker,* J. B. Cook

*Place of Business,*

E. Meicrhof M.D.,
Medical Attendant.

*Address,* 427 W. Fayette st

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60085 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 21 2 1882 BALTIMORE

*Date of Death,* September 20th 82

*Full Name of Deceased,* { White legibly and spell correctly. If an Infant not named, give names of parents. } John Henry Schlebelle

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 42 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Brewer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 7 Years.

*Place of Death,* { Give street and Number. } Tuberculosis 480 Ira av.

*Cause of Death,* First, (Primary.) Tuberculosis

Second, (Immediate.)

*Duration of Last Sickness,* Five Month

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 21st 1882

*Undertaker,* P. Kummett

*Place of Business,* 317 Mulberry St. *Address,* 220 Hurley St

Louis [illegible] M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 60686 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Cursey

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* Twenty Nine *Years,* ~~*Months,*~~ ~~*Days.*~~

*Color,* White

*Married,* ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 29 years

*Place of Death,* {Give street and number.} 112 N. Eldery st

*Cause of death,* First, (Primary,) Consumption

Second, (Immediate,) Prostration

*Duration of Last Sickness,* Four Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* Sep. 22 1882

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay st.

F. B. Gardner M. D.,
Medical Attendant.

*Address,* 120 N. Greene st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4

# Board of Health, City of [illegible]

Permit No. 6008

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 20 do 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sevin Watkins

*~~Sex~~, Male or Female,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* *Months,* *Days.*

*Color,* colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Driver

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Anarundle Co. Md.

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give street and number.} 39 11 ~~Light~~ -al allen

*Cause of Death,* First, (Primary.) Hyps Malarial Fever

Second, (Immediate.)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Samuel Cimentery

*Date of Burial,* Sept 21 1882

*Undertaker,* Charles A White

*Place of Business,* 38 Granby st

Geo S Keirnan M.D.,
Medical Attendant.

*Address,* 73 E Pratt St

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60088 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 21 1887 BALTIMORE

*Date of Death,* September 21st 1887

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } John Henry Seibert

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* — *Years,* Four (4) *Months,* Six (6) *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } 2414 N Edmondson Ave. ~~Md. H. Central Comm~~

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* Three (3) days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Sept. 22nd

*Undertaker,* L. H. Romig

*Place of Business,* 125 Ost 2

E. Ev. Shaw M. D., Medical Attendant.

Address. Col or Agent Frederick Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore

Permit No. 60889 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Mathews

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 2 (6) Months, Ten (10) Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} No. 66 Short St

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 2 Days.

All the above information should be furnished by the Physician.

*Place of Burial* Mount Olivet

*Date of Burial,* Sept. 21. 1882

*Undertaker,* John W Jackson

*Place of Business,* Cor of Ley & Cordelia *Address,* 106 N. Eutaw St

Francis A. Lane M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60598 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 19th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Waters

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* About 65 *Years,* — *Months,* — *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 67 Stockholm St

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Phthisis Pulmonalis

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Lamp St Cemetery

*Date of Burial,* Sept 21 1882

*Undertaker,* Wilkins & Lingo

*Place of Business,* 10. Hoxton Sq

Jas D Blake M. D., Medical Attendant.

*Address,* 168. Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

10

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT SEP 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 19, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Julia Bands

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* Colored *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* cook

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} 25 Harmon La

*Cause of Death,* First (Primary,) Constipation

Second (Immediate,) Asphyxia

*Duration of Last Sickness,* near 3 weeks I was told though I saw her only the day before her death in the

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 21. 1882

John C. Harris M. D.
Medical Attendant.

*Undertaker,* William A. Dwyer

*Place of Business,* 10 Hooken Alley

Address No 360 Lexington St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 60892 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept- 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester A. Batiné

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* 8 *Days,*

*Color,* Black-

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} No. 79 N. Bethel st-

*Cause of Death,* First, (Primary,) Congestion Lungs-

Second, (Immediate,)

*Duration of Last Sickness,* One day-

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial.* Sept 21st 1882

*Undertaker,* T J Locke

*Place of Business,* #73 Jefferson st

Wm. L. Russell M. D.,
Medical Attendant.

*Address,* 238 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 60893 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in h last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 21 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Corkery

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Seamstress

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 22 Hillman St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 20

*Undertaker,* Jas C Byrne

*Place of Business,* 632 Hunt

Address,

Wm. Brooke Boyle M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 1917

Permit No. 60074 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 18

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Parker

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days,*

*Color,* Blk

*Married, Single, ~~Widow or Widower~~* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} B, City

*Duration of Residence in the City of Baltimore,* 7

*Place of Death,* {Give street and Number.} 2 Seldon Ct

*Cause of Death,* First, (Primary,) Gastro-enteritis

Second, (Immediate,)

*Duration of Last Sickness,* 1 wk

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* Sept. 21

*Undertaker,* Geo. W Perkins

*Place of Business,* 130 Henrietta

R. R. Ellis M. D.,
Medical Attendant.

*Address,* 3-½ Light St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6 00 91 — Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 21. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlie Wilson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 1 *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 79 Welcome alley

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 21 st 82

*Undertaker,* Geo H Perkins

*Place of Business,* 130 Henrietta

W. S. Booze M. D.,
Medical Attendant.

*Address,* 910 Shapley

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60096 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. SEP 21 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Lois

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 yrs.

*Place of Death,* {Give street and number.} 125 S Eden St

*Cause of Death,* First, (Primary.) Old Age

Second, (Immediate.)

*Duration of Last Sickness,* 3 or 4 month

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* Sept. 23rd

*Undertaker,* [illegible]

*Place of Business,* [illegible]

Geo. E. Kinemon M.D.,
Medical Attendant.

*Address,* 73 E Pratt St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 60897 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 19. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eden Holland

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~

*Age,* 7 *Years,* — *Months,* — *Days,*

*Color,* col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md —

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 245 1/2 Hughes st

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,) Uraemia — + Convulsions —

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial* W Ches

*Date of Burial* Sept 19

*Undertaker* F A Kirchner

*Place of Business,* —

W. C. Sandrock M. D.,
Medical Attendant.

*Address,* 227 Hanover st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 66698 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Brinkmann

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 5 days

*Place of Death,* {Give street and Number.} Bohemian Hall. Towson & Gough Point

*Cause of Death,* First, (Primary,) Weakness & Hernia

Second, (Immediate,) Inflamation & Constipation Bowels

*Duration of Last Sickness,* 5 days under me.

All the above Information should be furnished by the Physician.

*Place of Burial,* St Louis Md.

*Date of Burial,* Sept 21st 1882

*Undertaker,* H. Sander & Son

*Place of Business,* 202 Canton Ave

E. W. Danner M. D.,
Medical Attendant.

Address, 260 E Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60099

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT
SEP 21
1882
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Ross

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Sixty One *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Freight Agent

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Philadelphia Penna

*Duration of Residence in the City of Baltimore,* Thirty Years

*Place of Death,* {Give street and number.} No. 99 W. Mount St

*Cause of Death,* First, (Primary.) } Heart Complication of long standing
Second, (Immediate.) }

*Duration of Last Sickness,* Fourteen days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt. Cemy.

*Date of Burial,* Sept. 23. 1882

*Undertaker,* H. H. Dukinfield Son

*Place of Business,* 45 St Charles.

James Annan M.D.,
Medical Attendant.

*Address,* 114 N. Paca St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60108 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 21st - 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucretia -

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 7 *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and Number.} St. Vincent's Infant Asylum.

*Cause of Death,* First, (Primary,) Marasmus.

Second, (Immediate,)

*Duration of Last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept. 22/82.

*Undertaker,* Pat Hunt.

*Place of Business,* Division & Fremont

R. H. Goldsmith M. D.,
Medical Attendant.

*Address,* Harlem av. Calhoun st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6870 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Stanley

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 8 6/12 *Years,* *Months,* *Days,*

*Color,* col

*Married,* ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and Number.} 497 McElderry St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Croup

*Duration of Last Sickness,* 9 days

All the above Information should be furnished by the Physician.

*Place of Burial,* E. P. Cemetery

*Date of Burial,* Sept 22 82

*Undertaker* M. Ekeman

*Place of Business,*

Geo. W. Benson M. D.,

Medical Attendant.

*Address* Com & Exeter

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Mrs. E. Brown Annapolis

# Board of Health, City of Baltimore,

Permit No. 6010

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Thursday Sept 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Montgomery

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* —— *Months,* — *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower;*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City - Lifetime

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 12 Park Street

*Cause of Death,* First, (Primary.) Scarlet Fever

Second, (Immediate.) Uraemic Poisoning

*Duration of Last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Friday 22nd Sept 82

*Undertaker,* C. Kunkel

*Place of Business,* No 60 Park ave. *Address,* 51 N. Calvert St

E. Shipley M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 60705 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 21 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 20th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } ~~Mrs~~ Eli Ross Horner

*Sex, Male* ~~or Female~~, { Cross out the word not required in this line. }

*Age,* 78 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower.~~ { Cross out the word not required in this line. }

*Occupation,* Merchant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Adams County Pennsylvania

*Duration of Residence in the City of Baltimore,* 50 Yrs

*Place of Death,* { Give street and Number. } 105 Mulberry St

*Cause of Death,* First, (Primary.) Paralysis 6 yrs

Second, (Immediate.) Paralysis

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park Cem

*Date of Burial,* Sept 22d 1882

*Undertaker,* Blizzard (Parlor

*Place of Business.* ~~Balto~~ ~~St~~ formerly

M. Hammond M. D.,
Medical Attendant.

*Address,* 64 N Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6104 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

SEP 21 1882 BALTIMORE

*Date of Death,* Sept- 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Strawder Grant-

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 6 *Months,* — *Days,*

*Color,* cd

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 145- York St-

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial.* Sept- 21st 1882

*Undertaker,* F. A. Kerchner

*Place of Business* 55 S. Carrollton Ave

Geo. W. Conner M. D.,

~~Medical Attendant~~

Address Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Geo. E. Bonn Inspector

Board of Health, City of Baltimore,

Permit No. 6705 *Office of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept- 21/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Stanly

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* — *Months,* — *Days,*

*Color,* cd

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 497 Mc Elderry St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 12 days

All the above Information should be furnished by the Physician.

*Place of Burial,* E. P. Cemetery

*Date of Burial,* Sept- 22/82

*Undertaker,* M. Coleman

*Place of Business,*

Geo. W. Pinson M. D.,

Medical ~~Attendant~~.

*Address,* 8 N Gay St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Geo. E. Bonner Inspector

5

# Board of Health, City of Baltimore,

Permit No. 60186

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21, 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie McDonald,

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* 7 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* "Waist" Philadelphia, Pa,

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* 8 Yrs,

*Place of Death,* {Give street and number.} 162 Central ave,

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis,

Second, (Immediate.) Exhaustion,

*Duration of Last Sickness,* 12 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 23

*Undertaker,* Geo Schilling

*Place of Business,*

J. W. Chambers M.D.,
Medical Attendant.

*Address,* 132 N Eutaw St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6807 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 22/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac Thompson

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 52 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Penna.

*Duration of Residence in the City of Baltimore,* 10 yrs.

*Place of Death,* { Give street and Number. } 32 n. Bond st.

*Cause of Death,* First, (Primary,) Ismaic Pal

Second, (Immediate,)

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Sept. 22 82

*Undertaker,* Theodore Tippel

*Place of Business,* S. Bond 2 1/2 st

R. W. Mansfield M. D.,
Medical Attendant.

*Address,* 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 66108 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 22/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucas Thurlow

*Sex, Male* ~~or Female~~ {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and Number.} 13 S. Chester St.

*Cause of Death,* First, (Primary,) Small Pox

Second, (Immediate,)

*Duration of Last Sickness,* 12 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Greenmount-Cem.

*Date of Burial,* 12 M. Friday 22 Sept

*Undertaker,* M. A. Darger

*Place of Business,* 74 S. Broadway

R. O. Mansfield M. D.,
Medical Attendant.

*Address,* 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 60109

Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 22 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sep 21, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Barry Schroeder

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 36 S Broadway

*Cause of Death,* First, (Primary.) Gastro Enteritis

Second, (Immediate.) Gastro Enteritis

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* Sep. 22. 1882

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

W. P. Morgan M.D.,
Medical Attendant.

*Address,* 197 Monument

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

Permit No. 6018 *Office of Registrar of Vital Statistics.* Ward /

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 20th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* / *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} / Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 183 Hudson St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Capillary Bronchitis

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Sept 22nd 1882

*Undertaker,* M A Daiger

*Place of Business,* 74 S. Pine *Address,*

J. H. Martin M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 18

Permit No. 6011 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 21. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthai Holmes

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 21 *Years,* *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 335 Howard St.

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Sept 22 1882

*Undertaker,* L. H. Chase

*Place of Business,* 198 Howard St

W. E. Boze M. D.,
Medical Attendant.

*Address,* 210 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6672 — *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 9. 21. 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } amanda Fisher

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 4 / *Years,* *Months,* / *Days,*

*Color,* Blk

*Married,* ~~*Single,*~~ *Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Scrub lady

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Easton, Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* { Give street and Number. } 110 Ellen Lane

*Cause of Death,* First, (Primary) Albuminuria

Second, (Immediate,)

*Duration of Last Sickness,* 1 yr

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Sept 23 1882

*Undertaker,* C. W. Chase

*Place of Business,* 198 N Howard st

W. W. Cushman M. D.,

Medical Attendant.

*Address,* 349 Lurch

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60713 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21. 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Stohl

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 3. *Years,* 6 *Months,* ——— *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto since Birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 246 Balto

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sept 22 Theodore Stolz M. D.,

Medical Attendant.

*Undertaker,* B. Glaser

*Place of Business,* 42 West Address, 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 6044 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Feb 21 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Tatnall

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* [illegible] *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Washington D C

*Duration of Residence in the City of Baltimore,* 18 Months

*Place of Death,* {Give street and Number.} 138 Cross St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Bronchitis (Capillary)

*Duration of Last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Feb 22

*Undertaker,* B. Hart

*Place of Business,* 40 West

Theodore Dale M. D.,
Medical Attendant.

*Address,* 146 Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

17

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 6015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 21st 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Malone

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* 5 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 203. Cookeie el. Locust Point,

*Cause of Death;* First (Primary,) Diphtheria, (Malignant character)

Second (Immediate,) 5 days.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemet.

*Date of Burial,* Sept 23. 92

*Undertaker,* B. Hanke

*Place of Business,* 82 West St.

A. T. Clarke M.D.
Medical Attendant.

*Address,* 237 Cross St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6016 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Lyons.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 42 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 50 Lucas Et

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Typhoid Malarial Fever

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* St Peters cemetery

*Date of Burial,* Sept 22nd 1882

*Undertaker,* Wm B Coates

*Place of Business* No 707 N Baltimore St

Jno D Blake M. D., Medical Attendant.

Address, 168 N Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

B

# Board of Health, City of Baltimore,

**Permit No** 60117

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Thomas McMillan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 11 *Months,* 4 *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 1 year 11 Months 4 days

*Place of Death,* {Give street and number.} 67 Parkin St

*Cause of Death,* First (Primary,) Malarial Fever

Second (Immediate.) Asthenia

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* Sept 22nd 1882

*Undertaker,* Jos B Lash

*Place of Business,* No 707 W Baltimore Street

I Edward Kirby M. D.
Medical Attendant.

*Address* 24 Columbia Avenue

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 6018 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 2 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Wallis

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* ..... *Years,* ..... *Months,* 5 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 24 S William

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Premature Birth

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Catholic

*Date of Burial.* Sept 22

*Undertaker* B Hare

*Place of Business,* .....

Geo. H. Dunn M. D.,
Medical Attendant.

*Address,* Cor of Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6079 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 22/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Johnson

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 7 *Months,* — *Days,*

*Color,* white

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 297 S Charles St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 7 days

All the above Information should be furnished by the Physician.

*Place of Burial.* Mount Olivet Cem

*Date of Burial.* Sept 22/82

*Undertaker,* B Hanks

*Place of Business,* West St

Geo W Dixon M. D.,
Medical Attendant.

Address, Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Boone Inspector

Board of Health, City of Baltimore,

Permit No. 6012 d

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. SEP 22 1992 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 20 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stacy. P. Pitcher

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 477 W Fayette St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 22d 1882

*Undertaker,* Chas T Scriven

*Place of Business,* 271 Eutaw St *Address,* 50 Harrison Ave

H. B. Noble M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 60727 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 21st 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Holland

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* — *Months,* — *Days.*

*Color,* Wh

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} East City

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number.} 7 E Cr East & Caroline

*Cause of death,* First, (Primary,) Tuberculosis Pulm

Second, (Immediate,) Apnea

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore &
*Date of Burial,* 9 23
*Undertaker,* W D Lynch
*Place of Business,* 151 E Bond

E C Reid *M. D.,*
Medical Attendant.
*Address,* 7 E Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No 6072 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended my person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 22 1882 BALTIMORE

*Date of Death,* Sept 21st 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Chambers

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 42 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Blacksmith.

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* Entire life time

*Place of Death,* { Give street and Number. } 21 Eastern ave

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis (acute)

Second, (Immediate,) .....

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* Sept 23rd 1882

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front St

D M Cathell M. D.,
Medical Attendant.

*Address,* 2 W Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60125

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leah Finkelsteinburg Finkels

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give street and number.} 102 N High St

*Cause of Death,* First, (Primary.) Paralysis of the Heart

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* About Twenty Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Wells Point Cemt

*Date of Burial,* Sept 24th 1882

*Undertaker,* William Eitlan

*Place of Business,* 101 Gough st.

Saml J Belt M.D.,
Medical Attendant.

*Address,* 134 N Eutaw St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60124 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1, 2, 21 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lucas

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 62 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Tailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Liberty, Bavaria Germany

*Duration of Residence in the City of Baltimore,* 32 Years

*Place of Death,* {Give street and Number.} 393 Eastern Avenue

*Cause of Death,* First, (Primary,) Pericarditis

Second, (Immediate,) .....

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial* Mt Carmel Cem

*Date of Burial,* Sept 23 1882

*Undertaker,* C. Sander Jan

*Place of Business,* 502 Eastern Ave

Alex J. McShane M. D.
Medical Attendant.

*Address,* 28 Lee Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 60125 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 22 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Kuyer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 8 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 109 Peach alley

*Cause of Death,* First, (Primary,) ~~Dysentery~~ Hypertrophy of Heart (Mitral Valve)

Second, (Immediate,) Oedema of Lungs

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* Sept 24

*Undertaker,* J Koehler

*Place of Business,*

Thomas Cox M. D.,
Medical Attendant.

*Address,* 146 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 68726 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 21 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Gaskins

HEALTH DEPARTMENT SEP 22 1882 BALTIMORE

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* — *Months,* — *Days,*

*Color,* cd

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 184 Hughes St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* H. P. Cemetery

*Date of Burial,* Sept 21/82

*Undertaker,* F. A. Kershner

*Place of Business,* 57 S. Carrollton

Geo W. Brown M. D.,

Medical Attendant.

*Address,* Com. of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

George E Brown Inspector

# Board of Health, City of Baltimore,

Permit No. 60127 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 22 1882 BALTIMORE

*Date of Death,* Sept 21 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton L. Rick

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* — *Months,* — *Days,*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Horse Maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give street and Number.} 127 County st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Apoplexy

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Sept 24th

*Undertaker,* F. N. Boll

*Place of Business,* 131 Hanover St *Address,* 146 Hanover St

Edward Crisp M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 6678 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 22 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dunaghan

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 8 Years

*Place of Death,* {Give street and number.} 107 N. Penna. Ave. 107

*Cause of death,* First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

*Duration of Last Sickness,* 9 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 23 d

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Guilford Ave

Edwd. J. W. Doyle M. D.,
Medical Attendant.

*Address,* 54 Augusta

HEALTH DEPARTMENT SEP 22 1892 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 60139 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 21st 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie List

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 5 *Years,* — *Months,* — *Days,*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State on country, and how long in the United States, if of foreign birth. } Balto —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } 60. Portland St

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,)

*Duration of Last Sickness,* One week —

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial.* Sept 23rd

*Undertaker,* Wm. Werner & Co

*Place of Business,* 35 S. Eutaw

Edwd. Michael M.D., Medical Attendant.

*Address,* 283 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 68138

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cath Lubke

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number.} 33 Burke St.

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 6 months

**All the above information should be furnished by the Physician.**

*Place of Burial,* St Alphonsus

*Date of Burial,* Sept 24th

*Undertaker,* G. France

*Place of Business,* Bank & W Ave *Address,*

*M.D.,*

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60731 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 22/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stephen Strähler

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 10 *Months,* 7 *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 4 Payson St

*Cause of death,* First, (Primary,) Pneumonitis (with cerebral Irritation

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 13 d/s —

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept 24/82

*Undertaker,* Jno. P. Paulus

*Place of Business,* 66 Frederick Ave

C. C. McDowell M. D.,
Medical Attendant.

*Address,* 642 W. Fayette St

x per M.D.

x Request of Mr Paulus

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 6782 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Hart

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* two *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give street and Number.} No 9 Sterling St

*Cause of Death,* First, (Primary,) Anemia

Second, (Immediate.) Gastritis.

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial* St Johns Comfort

*Date of Burial,* Sept 23, 1882

*Undertaker,* Henry Hoch

*Place of Business,* 209 Eutaw Ave

Francis A. Sauer M. D.,
Medical Attendant.

Address, 108 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No. 60133 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 21st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank H. Wiegmann

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* One *Months,* One *Days,*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} No. 33 Miller n-

*Cause of Death,* First, (Primary,) Congestion Lungs

Second, (Immediate,)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenly

*Date of Burial,* Sept 23 1882

*Undertaker,* Thos. Cox

*Place of Business,* 29 N. Eutaw

Wm. L. Russell M. D.,
Medical Attendant.

*Address,* 238 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6837 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 21. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Leinsz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days,*

*Color,* wht

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.}

*Occupation,* confectioner

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give street and Number.} 147 W Biddle

*Cause of Death,* First, (Primary,) Bright's Dis of Kidneys

Second, (Immediate,)

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial.* Sept 24th 1882

*Undertaker,* Mon Weaver

*Place of Business* No 202 N Eutaw St

E G Lane Janeyhill M. D.,
Medical Attendant.

*Address,* 1290 W Biddle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 60735 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *when properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Septr 21 — 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Mitzdorff

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 35 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } B City 35

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 4510 Park Ave

*Cause of Death,* First, (Primary,) Phthisis Pulmon.

Second, (Immediate,) 7

*Duration of Last Sickness,* 10 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Septem. 24

*Undertaker,* B. Hurley

*Place of Business,* 62 Hanover

R. A. P. Ellis M. D.,
Medical Attendant.

Address, 813 Light St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6736 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 22d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunde Koehler

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* 5 *Months,* 22 *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 37 Years

*Place of Death,* {Give street and Number.} 44 Lee St.

*Cause of Death,* First, (Primary,) Phthisis pulm.

Second, (Immediate,) Paralysis of Heart

*Duration of Last Sickness,* 6 months.

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 24th

*Undertaker,* C. Hart

*Place of Business,* 82 West St.

Wm Goodel M. D.,
Medical Attendant.

*Address,* 1705 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60137 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 21 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. B Woodson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and Number.} 44 Covington St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Chronic Diarrhea

*Duration of Last Sickness,* 4 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 24

*Undertaker,* J Hare

*Place of Business,*

I certify, that I attended deceased from Sept 1 1882 to Sept 21 1882 that I last saw deceased alive on Sept 21 1882 and that death occurred at 2 o'clock P. M. Leonard Smith M. D.,

Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 6038 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Guentree

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years,~~ *Years,* 4 *Months,* 2 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 57 Pleasant St Monument

*Cause of Death,* First, (Primary,)

Second, (Immediate,)

*Duration of Last Sickness,* Some weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 23rd 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 465 S Broadway

D W Cathell M. D., Medical Attendant.

*Address,* 2 W Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 60137 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 22/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Fillt

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 27 *Years,* *Months,* *Days,*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 7 yrs.

*Place of Death,* { Give street and Number. } 412 East av

*Cause of Death,* First, (Primary,) Peritonitis

Second, (Immediate,)

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenlee Cemetery

*Date of Burial,* Sept 24 1882

*Undertaker,* John Kenny

*Place of Business,* 382 Orleans St

R W Manfuit M. D., Medical Attendant.

*Address,* 117 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6018

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stumpf

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* 1 *Years,* 5 *Months,* 12 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 47, E. Duncan Alley

*Cause of Death,* {First (Primary,) Diphtheria

Second (Immediate,)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Sept 23 1882

E. L. Clarke, M.D.
Medical Attendant.

*Undertaker,* John Herring

*Place of Business,* 382 Orleans St *Address,* 285 E. Eagle St

*Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 60741 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Estella Hanford

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One Year, Two Months, — Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} No. 229 North Fulton Ave

*Cause of Death,* First, (Primary,)

Second, (Immediate) Cholera Infantum

*Duration of Last Sickness,* Two Weeks

At the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Sept 23 82

*Undertaker,*

*Place of Business,*

Wm H. Lindsay, M. D., Medical Attendant.

*Address,* 229 N Bowdoin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 6042 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 22nd 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Stimmel

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* 5 *Months,* 21 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 246 East av.

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cem.

*Date of Burial,* Sept. 24th 1882

R W Mansfield M. D.,
Medical Attendant.

*Undertaker,* Leonard Ritz

*Place of Business,* 127 S. Broadway *Address,* 117 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 60743 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 22 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Dixon

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 12 *Years,* 11 *Months,* *Days,*

*Colored*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 742 Stiles st

*Cause of Death,* First, (Primary,) Miasm

Second, (Immediate,) Typho Malarial Fever

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 23. 1882

*Undertaker,* Wm A Lange

*Place of Business,* 62 East St

E. C. Baldwin M. D.,
Medical Attendant.

*Address,* 124 n Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit No 60174 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

*Date of Death,* Sept- 20 th- 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Church

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days,*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Stevedore

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Talbot-County Maryland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and Number.} 48 Burgundy Alley

*Cause of Death,* First, (Primary,) Concussion of Brain

Second, (Immediate,) Traumatic Meningitis

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loud Cemetery

*Date of Burial,* Sept 23 1882

*Undertaker,* William L. Engle

*Place of Business,* 62 East St

Wm. L. Russell M. D.,
Medical Attendant.

*Address,* 238 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60746 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 21 Sept 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Sheridon

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 24 yrs

*Place of Death,* {Give street and number.} 99 Hanover St

*Cause of death,* First, (Primary,) Apoplexy

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Govans, Md.

*Date of Burial,* Sept 23 1882

*Undertaker,* C. F. Strauss

*Place of Business,*

H. H. Hebb, M. D.,
Medical Attendant.

*Address,* 57 Bank

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6076 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 20 th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Ann Bell

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* — *Months,* — *Days.*

*Color,* Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country and how long in the United States, if of foreign birth.} Baltimore Co Md

*Duration of Residence in the City of Baltimore,* About 20 years

*Place of Death,* {Give street and Number.} 18 Orchard St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " Abdominalis.

*Duration of Last Sickness,* About a year

All the above information to be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept. 24th 1882

*Undertaker,* Wm J Frye

*Place of Business,* 45 Baltimore

Elias L Price M. D.,
Medical Attendant.

*Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Bureau of Health, City of Baltimore, 9

Permit No. 60747 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 23 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 21. 92

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jumiah Stuart

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* *Months,* *Days,*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} City Hospital

*Cause of Death,* First, (Primary,) Penetrated result of a

Second, (Immediate,) pistol shot wound

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Place of Burial

*Date of Burial.* Burial Permit F. J. Connolly *M. D.,*

Medical Attendant.

*Undertaker,* Mason

*Place of Business,* 13 Hanover Street *Address,* Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Permit No. 6078 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1892 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 22 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Coates

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Four *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Calvert County Md

*Duration of Residence in the City of Baltimore,* about Six Months

*Place of Death,* {Give street and number.} 110 Welcome Alley

*Cause of death,* First, (Primary,) Hooping Cough & Malarial Fever

Second, (Immediate,)

*Duration of Last Sickness,* about Four Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 23 1892

*Undertaker,* H Ross

*Place of Business,* 95 Conway St.

Julius Hall M. D.,
Medical Attendant.

*Address,* Southern Dispensary

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6074 9 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Friday Sept 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bucksten

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* ——— *Months,* ——— *Days.*

*Color,* W

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Non

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 5 Weeks

*Place of Death,* {Give street and number.} 26 O Donnell St

*Cause of death,* First, (Primary,) Dysentery

Second, (Immediate,) Inanation and Convulsion

*Duration of Last Sickness,* Six weeks was Sick during the Vomiting

All the above information should be furnished by the Physician.

*Place of Burial,* St Paulo Cem

*Date of Burial,* Sept 23/82

*Undertaker,* H Sandy & Son

*Place of Business,* 202 Canton Ave *Address,* 28 O Donnell St

J E Prichard *M. D.,* Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 66738 [illegible] City of Baltimore, 18

*Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 22nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Conroy

~~*Sex,*~~ *Male or* ~~*Female*~~ {Cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* *Days.*

*Color,* White

~~*Married,*~~ ~~*Single,*~~ ~~*Widow*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland - 29 years in US.

*Duration of Residence in the City of Baltimore,* 29 Years

*Place of Death,* {Give street and number.} 356 So. Charles St

*Cause of death,* First, (Primary,) Typho-Malarial

Second, (Immediate,)

*Duration of Last Sickness,* Eight days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cemetery

*Date of Burial,* Sept 24th 1882

*Undertaker,* Daniel Flynn

*Place of Business,* 109 West St

L. B. Pacetti M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 60157

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 23rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Kee

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Baker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give street and number.} 68 Richmond st

*Cause of Death,* First, (Primary.) Morbus Bright

Second, (Immediate.) Dropsical effusion

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted]ville Bdge

*Date of Burial,* Sept 24th 1882

*Undertaker,* Jno F. Byrne

*Place of Business,* 37 n Liberty st

C B Gamble M.D.,
Medical Attendant.

*Address,* E J Calhoun

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 6076 2 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 23, 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Crook

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* — *Years,* — *Months,* 2 *Days,*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,* none

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } 311 Columbia av

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 311 Columbia ave

*Cause of Death,* First, (Primary,) Premature birth

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* September 23. 82

*Undertaker,* Philipp S. Dill

*Place of Business,* 189 Columbia

J. Thos Hood M. D.,
Medical Attendant.

*Address,* 322 Hollins st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6012 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 23 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 23 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Fiss

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 2 *Years,* 9 *Months,* — *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 3 Water St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Bright's disease, 6 mos.

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial* Baltimore Cemetery

*Date of Burial.* Sept 25th

*Undertaker,* Geo Schilling

*Place of Business,*

I. W. Houck M. D.,
Medical Attendant.

*Address,* 75 E. Balt. St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 9

Permit No. 6057 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 23 1882 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Sept 13. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.}

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} ——

*Cause of Death,* First, (Primary,) found in bed at 22

Second, (Immediate,) Church St

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green

*Date of Burial,* Sept 15

*Undertaker,* W Coleman

*Place of Business,*

J. G. Connelly M. D.,

Medical ~~Attendant~~.

*Address,* Coroner.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

on D. Hills Spring Church

# Board of Health, City of Baltimore,

Permit No. 6755 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH OFFICE SEP 23 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph F. X. Baum

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 10 *Years,* 6 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and Number.} 434 Eutaw Avenue

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels Cemetery

*Date of Burial,* Sept 23/82

*Undertaker,* John Zeiler

*Place of Business,* 813 W Baltimore St *Address,* 68 N Eutaw

James A Steuart M. D.

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Permit No. 60756 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 23rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parente.} Albert Schrifogle

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 8 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ballo city

*Duration of Residence in the City of Baltimore,* 8 Mo

*Place of Death,* {Give street and number.} 287 S. Charles St.

*Cause of death,* First, (Primary,) —

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* Wesley Cemetry

*Date of Burial,* Sep 24

*Undertaker,* Henry Boiell

*Place of Business,* Henrietta 81

R. C. Lee M. D.,
Medical Attendant.

*Address,* Hanover Bar... St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60157 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 23rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Flynn

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days,*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 6 1/2 N. Central ave

*Cause of Death,* First, (Primary,) Whooping Cough

Second, (Immediate,) Tuberculosis

*Duration of Last Sickness,* 5 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Holly Grove

*Date of Burial,* Sept 24th

*Undertaker,* H. Lowry

*Place of Business,* 55 Bond

Geo B Symmes M. D.,
Medical Attendant

*Address,* 171 N Calvert

HEALTH DEPARTMENT SEP 24 1882 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60158 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 23. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Boenzly

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 8 *Months,* *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} No. 646 N. Balt. St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* Seven days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sep 25th 1882

*Undertaker,* F Loane & Son

*Place of Business,*

C. N. Neff M. D.,
Medical Attendant.

*Address,* 306 N. Fayette St

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6075 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 24 1882 BALTIMORE

*Date of Death,* Sept. 23rd

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jr. Maggie Betz

*~~Sex, Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 3 *Years,* *Months,* *Days,*

*Color,* White

*~~Married, Single~~, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } 7 Potomac St Centers

*Duration of Residence in the City of Baltimore,* 3 yrs

*Place of Death,* { Give street and Number. } 7 Potomac St

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cemetery

*Date of Burial,* Sept. 24th 1882

*Undertaker,* Charles Brandt

*Place of Business,* Chas. H. Pile & Co.

Chas. H. Riley M. D.,
Medical Attendant.

*Address,* 306 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60760 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 23rd 1852

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Betz

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* ..... *Years,* 21 *Months,* ..... *Days,*

*Color,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 7 Potomac St

*Duration of Residence in the City of Baltimore,* 21 Months

*Place of Death,* {Give street and Number.} 7 Potomac St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) (Diph Croup)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sept. 24th 1852

*Date of Burial,* Mt. Carmel Cemetery

*Undertaker,* Charles Brandt

*Place of Business,* Clinton St. Balto Co.

Chas. H. Riley M. D.,
Medical Attendant.

*Address,* 306 Washington Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately~~ *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

SEP 24 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 23, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillian Zantzinger

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 9 *Months,* — *Days.*

*Color,* White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 87 Harlem ave.

*Cause of Death,* First (Primary,) Diphtheria malignant

Second (Immediate,) Septicemia

*Duration of Last Sickness,* Five days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cy

*Date of Burial,* Sept 25 1882

*Undertaker,* Stewart & Bowen, 8 Eutaw Place

*Place of Business,* 8 Eutaw Place

E. H. Holbrook, M. D.
Medical Attendant.

*Address* 185 S. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 60162 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 24 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabel Butler

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 3 *Months,* 15 *Days,*

*Color,* ~~White~~ Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since born

*Place of Death,* {Give street and Number.} 81 Lexington Alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 24 1892

*Undertaker,* Geo W Perkins

*Place of Business,* 130 Henrietta

of Rexford Cook M. D., Medical Attendant.

*Address,* 146 Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6063 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 23. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loyd A. Clarke

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Caterer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City — Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Penna Av - 2d door South Bire Wm Steps

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Apoplexy

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Harp M

*Date of Burial,* Sept 25 1882

*Undertaker,* B W Chase

*Place of Business,* 1 S Howard St

Alexander Tinsley M. D.
~~Medical Attendant.~~

*Address,* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 60164 (167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 24 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 24. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Smith

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* 37 *Years,* —— *Months,* —— *Days.*

*Color,* ~~b~~

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} widow

*Occupation,* washwoman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Somerset Co. Md

*Duration of Residence in the City of Baltimore,* about 20 years

*Place of Death,* {Give street and number} no 53 Church st

*Cause of Death,* First, (Primary,) ——

Second, (Immediate,) Pulmonary Hemorrhage

*Duration of last Sickness,* four days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 24 1882

W. C. Sandoval M. D.
Medical Attendant.

*Undertaker,* I. I. Ross

*Place of Business,* 95 Conway st

*Address,* 227 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 60165 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 23 September 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Groß

*Sex, Male or Female,* {Cross out the word not required in this line.} Female.

*Age,* 13 *Years,* ..... *Months,* ..... *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* House Servant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} Yard 52 Str in the rear of

*Cause of Death,* First, (Primary,) Typho-Malaria

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* Sept 24 1882

*Undertaker* [redacted] Ross

*Place of Business,* 15 Conway *Address,* 146 Hill St

C. R. Dyer M. D.

Medical Attendant.

L. B. DYER M. D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 18

Permit No. 60766 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

*Date of Death,* September 24/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aaron Anthony

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* One *Months,* 4 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* 1 3

*Place of Death,* {Give street and Number.} Four Russell st

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp st Cem.

*Date of Burial,* Sept 25th 1882

*Undertaker,* Wm J. Tilden

*Place of Business,* 136 Camden st

Jno S Blake M. D., Medical Attendant.

*Address,* 168 S Russell

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 60167 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 23rd 82.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Rau

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 28 *Days,*

*Color,* W.

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 21 Boroughs

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 25th 82

*Undertaker,* B. Hale

*Place of Business,* 82 West Street

Louis (illegible) Kaw M. D.,
Medical Attendant.

*Address,* 226 Fullerton St.

HEALTH DEPARTMENT SEP 24 1882 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 60168 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 23rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthew Barker Benson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Child

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 47 Harlem Ave

*Cause of death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* Seven days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Pk

*Date of Burial,* Sept 25 82

*Undertaker,* Denny & Mitchell

*Place of Business,* 229 W Fayette St *Address,* 306 Lan Ave

John Neff M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# No. Board of Health, City of Baltimore,

Permit No. 60169

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 24 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 22d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Carroll Grafflin

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 21 *Years,* ~~~ *Months,* ~~~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* ~~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 127 Lanvale st West

*Cause of Death,* First, (Primary,) Typhic Malarial fever

Second, (Immediate,) " " "

*Duration of last Sickness,* Six Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem'y

*Date of Burial,* Sept 24th 1882

*Undertaker,* Penny & Mitchell

*Place of Business,* 530 W Fayette St

Jos. Lloyd Martin M. D.
Medical Attendant.

*Address,* 38 Mount Vernon Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. KENNY & CO. CITY PRINTERS AND STATIONERS.

[OVER

# Board of Health, City of Baltimore,

Permit No. 60178 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

*Date of Death,* Sept. 23 a. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Chas. Lindeman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* .... *Months,* 10 *Days,*

*Color,* white

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 305 W. Ramsay

*Cause of Death,* First, (Primary,) heart disease

Second, (Immediate,) Spasm.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 28

*Undertaker,* Ph Seewald

*Place of Business,* 35 S. Eutaw

H. Abbas M. D.,
Medical Attendant.

Address, 98 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Permit No. 6877 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Maria Ryan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 13 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Child

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give street and Number.} 811 Eastern Ave

*Cause of Death,* First, (Primary,) Peritonitis

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels Cem

*Date of Burial,* Septr 26th

*Undertaker,* W. Sander

*Place of Business,* 252 Eastern Ave *Address,* 811 Eastern Ave

D. Smith M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 60772 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 23d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Angela Lauria

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* 8 months

*Place of Death,* {Give street and Number.} 67 President St.

*Cause of Death,* First, (Primary,) Unknown

Second, (Immediate,) Convulsions.

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial* St Vincents

*Date of Burial,* Sept 25 1882

*Undertaker,* Jas P Byrne

*Place of Business,* 63[illegible] Wash Av

Jno Adams M. D.,
Medical Attendant.

Address, 5 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6617 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* September 23. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Leschafsky

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 24 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Tailor

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Russia

*Duration of Residence in the City of Baltimore,* 8 months

*Place of Death,* { Give street and Number. } 138 Saratoga st

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) Pistol Shot wound Several Minutes

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet home cemetery

*Date of Burial,* 25th

*Undertaker,* Ernst Schloman

*Place of Business,* 200 E. Sharp st. *Address,* Corner

Alexander Tinsley M. D.,
~~Medical Attendant~~ Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

19 **Board of Health, City of Baltimore,**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 24th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas J. Tucker

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 82 *Years,* 11 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Widower

*Occupation,* At leisure

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } West River Anne Arundel Co Md

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* { Give street and number } 205 Fleetwood St.

*Cause of Death* { First, (Primary,) — Second, (Immediate,) Enteritis.

*Duration of last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Sept 26th 1882

*Undertaker,* Andrew J. Hodges

*Place of Business,* No 476 Druid Hill Ave

Wm. A. B. Sellman M. D.
Medical Attendant.

*Address,* 949 Carrollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 12 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 22nd. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David. H. Hastings.

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Fifty-seven *Years,* ~~~ *Months,* ~~~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Retired army Officer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* seven years.

*Place of Death,* {Give street and number} 384 Linden Ave.

*Cause of Death* First, (Primary,) Apoplexy

Second, (Immediate,) ~~Heart~~

*Duration of last Sickness,* death almost instantaneous

All the above information should be furnished by the Physician.

*Place of Burial,* Loudin Park Cem.

*Date of Burial,* Sept 25th 1882

*Undertaker,* Andrews & Hodges

*Place of Business,* No 47 & Druid Hill Ave

Silas Baldwin M. D.
Medical Attendant.

*Address,* 152 Townsend St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore, 9

Permit No. 6076 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

*Date of Death,* Sept 23. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Johnson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days,*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt Co

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and Number.} City Hospital

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Apoplexy 3 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Levond Cemetery

*Date of Burial,* Sept 25 1882

*Undertaker,* Wilson Dorsey

*Place of Business,* No 62 East Mt

Alexander Fowler M. D.,

~~Municipal Attendant~~

*Address,* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 6077 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 25 2 1882 BALTIMORE

*Date of Death,* September 23d 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agness M. Read.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 38 Years, Months, Days,

*Color,* White

~~Married, Single,~~ *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

*Occupation,* dressmaker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* {Give street and Number.} 282 East Gough Street.

*Cause of Death,* First, (Primary,) disinteration of the brain.

Second, (Immediate,) paralysis

*Duration of Last Sickness,* 38 years.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 25 th

*Undertaker,* H. C. Wiedefeld & Milton A. Taylor M. D., Medical Attendant.

*Place of Business,* 90 Greenmount a Address, 138 N. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 24th September 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eugene A Siebert

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 2 *Years,* 4 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ×

*Occupation,* ×

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore ~~State~~ City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } S E cor Laurel & East Sts

*Cause of Death* { First, (Primary,) Diphtheritic Croup / Second, (Immediate,) asphyxia

*Duration of last Sickness,* one Day

All the above information should be furnished by the Physician.

*Place of Burial,* Maier's B. Ground

*Date of Burial,* September 26 1882

*Undertaker,* Thos. S. Hughes

*Place of Business,* 60 E Baltimore St.

A Friedenwald M. D.
Medical Attendant.

*Address,* 88 N Eutaw Street

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[over]

Permit No. 6879 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 23 1882 BALTIMORE

*Date of Death,* 8 Sept 22 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louke Nevin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laboner (suffocated)

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Penna Av Entered - near Cumberland St

*Cause of Death,* First, (Primary,) From Effect Intoxication & a fall on

Second, (Immediate,) Pavement

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Sept 26th 1882

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Front St

Alexander Tinsley M. D.
Medical Attendant.

*Address,* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 60780

Register of Births, Deaths, &c., City of Baltimore,

*Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 23rd 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin J. O'Keefe

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 23 *Years,* 7 *Months,* 25 *Days.*

*Color,* White,

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Laborer.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* all his life.

*Place of Death,* {Give street and number.} 231 Lexington st.

*Cause of death,* First, (Primary,) Typhoid Malarial

Second, (Immediate,) Fever.

*Duration of Last Sickness,* Ten days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cem

*Date of Burial,* Sept 25th 1882

*Undertaker,* Chas I Sarsen

*Place of Business,* 271 N Eutaw St

John J. O'Brien M. D.,
" " Medical Attendant.

*Address,* 235 Lexington St.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# 18 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 25th September ~~ult~~ 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Carroll Cowper

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.} Male

*Age,* ~~~~ *Years,* ~~~~ *Months,* Fourteen *Days.*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 113 Pearl St Baltimore, Md

*Duration of Residence in the City of Baltimore,* 14 days

*Place of Death,* {Give street and number} 113 Pearl St Baltimore, Maryland.

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) "

*Duration of last Sickness,* About a week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sep 25 1882

*Undertaker,* Alf Hemsley

*Place of Business,* Mc Clave ~~de~~ st

Wm L. Wood M. D.
Medical Attendant.

*Address,* 236 N. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 19 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 23. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Taylor Cameron

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* Sixty Three *Years,* Six *Months,* ..... *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Custom House Inspector

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Hornellsville, Steubens Co. N. York.

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give street and number} 67 North Gilmor St. Balt

*Cause of Death,* First, (Primary,) Chronic Brights Disease

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* About Three Years

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cem.

*Date of Burial,* Sept. 25th 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto St.

Jno. R. Quinan M. D.
Medical Attendant.

*Address,* 71 N. Gilmor St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 60183 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jo Hannah Hartman

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Proprietor of Saloon

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* many years

*Place of Death,* {Give street and number.} 74 Druid Hill Av

*Cause of death,* First, (Primary,) unknown

Second, (Immediate,) ~~2 days~~ Collapse 2 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 27

*Undertaker,* Walter Immel

*Place of Business,* 315 West Biddle

R. Winslow M. D.,
Medical Attendant.

*Address,* 201 W. Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

6

# Board of Health, City of Baltimore,

**Permit No.** 60184

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 25 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Cichrest

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 11 *Months,* ~~~ *Days.*

*Color,* White *Sex,* Male.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and number.} 16 N. Wolfe St

*Cause of Death,* First (Primary,) Croup

Second (Immediate,)

*Duration of Last Sickness,* about 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Rosary

*Date of Burial,* Sept 26 1882

*Undertaker,* A. Deuss

*Place of Business,* 309 N. Eutaw St

John W. Coonan M. D.
Medical Attendant.

*Address* 244 E. Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 60785 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE SEP 26 1882

# CERTIFICATE OF DEATH.

*Date of Death,* September 25th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Kelcher

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 3 *Years,* 2 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* { Give street and Number. } 13½ N Front St

*Cause of Death,* First, (Primary,) Neglected Croup

Second, (Immediate,) Chronic Croup

*Duration of Last Sickness,* 2 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 26 1882

*Undertaker,* Henry Hoch

*Place of Business,* 389 N Eutaw St

G. A. Lohmann M. D.,
Medical Attendant.

*Address,* 86 E. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore, 9

Permit No. 6786 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1902 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Dugan

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ~~1~~ *Years,* 1 *Months,* 21 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 57 N Eutaw St.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 57 N. Eutaw St

*Cause of death,* First, (Primary,) Constitutional Syphilis (Hereditary)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Some months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Monday 25th

*Undertaker,* J. McGinnis

*Place of Business,* 183 Monroe st

C. A. Cain M. D.,

Medical Attendant.

*Address,* 185 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6018

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 24th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fidelia Jones

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 21 *Years,* 11 *Months,* 24 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore, City, Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } 134 E Madison St

*Cause of Death,* First, (Primary.) Convulsions (Puerperal)

Second, (Immediate.) Coma

*Duration of Last Sickness,* Thirty two hours

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Sept 26th

*Undertaker,* Geo Schilling

*Place of Business,*

I E Rutledge M.D.,
Medical Attendant.

*Address,* 134 E Madison St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 5

Permit No. 60788 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 23rd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stanley Brooks Jones

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* ..... *Months,* 5 Months *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } 347 E Madison St

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } ~~Baltimore~~ 347 E Madison St

*Cause of Death,* First, (Primary,) Con Brain

Second, (Immediate,) .....

*Duration of Last Sickness,* .....

All the above Information should be furnished by the Physician.

*Place of Burial.* Green Mount

*Date of Burial.* Sept 26th

*Undertaker,* Geo Schilling

*Place of Business.* .....

E. H. Tuttle M. D.,
Medical Attendant,

*Address,* 67 Guilford Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 6089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 25 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Morrison

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 9 *Months,* 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} Primus Row

*Cause of Death,* First, (Primary,) Malarial Poisoning

Second, (Immediate,) Exhaustion

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Sept 26 82

*Undertaker,* Anthony Dyer

*Place of Business,* 1632 Ald

A. M. Dodge M. D.
Medical Attendant.

*Address,* 201 Hanover St Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore, 18

Permit No. 6079 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 1862 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 24

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Benton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 18 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltd

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 384 Hamburg St

*Cause of Death,* First, (Primary,) Spasms

Second, (Immediate,)

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Sept 25

*Undertaker,* Earle

*Place of Business,* Western

Geo. W. Brown M. D.,
Medical Attendant.

Address, Commissioners Office

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore, 2

Permit No. 6019 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 25th a m.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Leopold Rapp.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* One *Months,* two *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* 0

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} No 100. Estern Av.

*Duration of Residence in the City of Baltimore,* One Year

*Place of Death,* {Give street and number.} No 100. Estern Av.

*Cause of death,* First, (Primary,) Scarlatinae

Second, (Immediate,) (Hydrops) (Hydrothorax)

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemy

*Date of Burial,* Sep. 26th 1882

*Undertaker,* Peter Frey

*Place of Business,* 91 Estern Av

John S. Fitzer M. D.,
Medical Attendant.

*Address,* No 160. Saratoga.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore, 2

Permit No. 6092 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 25 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 23rd 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Almira Henry.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} .....

*Age,* 21 *Years,* 3 *Months,* ..... *Days,*

*Color,* White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} .....

*Occupation,* None.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 281 S. Bond St.

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Consumption.

*Duration of Last Sickness,* One year.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmt Cem

*Date of Burial,* Sep. 26" 1882

*Undertaker,* M a Saifer

*Place of Business,* 74 W. Pratt

Nicholas L. Dashiell, 8d M. D., Medical Attendant.

Address, 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60195

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* September 24: 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Francis Rummel

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* 2 *Months,* 18 *Days.*

*Color,* Mulc

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 15 days. Resident of Washington 13 yrs

*Place of Death,* {Give street and number.} Nr 636 N Gontard

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) Peritonitis

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Mount Olivet~~

*Date of Burial,* Sept 26th 1882

James Armitage M.D.,
Medical Attendant.

*Undertaker,* F. Livio Schaefer

*Place of Business,* 109 N Liberty St *Address,* Nr. 14 N Paca St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Give Permits as desired N.W.B

# Board of Health, City of Baltimore,

Permit No. 68194 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE

*Date of Death,* Sept 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elvira Brändel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* 3 *Months,* *Days,*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 14 Years

*Place of Death,* {Give street and Number.} 21 Jackson Lane

*Cause of Death,* First, (Primary,) Softening of the Brain

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 26th 1882

*Undertaker,* Peter Frey

*Place of Business,* 91 Eutaw Ave

By Howard Griffith M. D.,
Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore,

Permit No. 60795 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 2 1902 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 25. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McCheab Tully

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt Co Md

*Duration of Residence in the City of Baltimore,* 11 months

*Place of Death,* {Give street and number.} 111 E. Balto St.

*Cause of death,* First, (Primary,) Diphtheritic Laryngitis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ft Potter

*Date of Burial,* 26 Sept

*Undertaker,* J. Chatmers

*Place of Business,* 336 Penna Ave

Andy J. Rieth, M. D., Medical Attendant.

Address, 330 Penna Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 60196 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1 1892 BALTIMORE

*Date of Death,* September 2

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Smith Coroner

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Dry Goods Salesman

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 5 months

*Place of Death,* {Give street and Number.} 318 Mosher St

*Cause of Death,* First, (Primary,) Suicide by Laudanum

Second, (Immediate,)

*Duration of Last Sickness,* 2 or 3 hours

All the above information should be furnished by the Physician.

*Place of Burial,* ~~St Peters~~ Cemetery Western Cemetery

*Date of Burial,* 2d Sept

*Undertaker,* J J Chalmers

*Place of Business,* 336 Lemmon Ave

Alexander Simley M. D.,

Medical ~~Attendant~~.

Address, Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

*Permit No.* 60197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 2 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie F. Stinson

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Thirty five *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* House-Keeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Queen Anns Co. Md

*Duration of Residence in the City of Baltimore,* About 18 years

*Place of Death,* {Give street and number} 176 E. Chapel St.

*Cause of Death* { First, (Primary,) Fracture of the Spine at the } { Second, (Immediate,) Internal Inflamation & Hemorrage }

*Duration of last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* E Balto P Cemetery

*Date of Burial,* Sept 25

*Undertaker,* Chr Colman

*Place of Business,*

H. F. Ford *M. D.*
Medical Attendant.

*Address,* 160 Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 60198 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 24/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Grau

*Sex,* ~~Male~~ *Female,* { Cross out the word not required in this line. }

*Age,* 1 *Years,* 6 *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } 77 Bank St.

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial* Mt Carmel Cem

*Date of Burial,* Sept 26 1882

*Undertaker,* H Sander Son

*Place of Business,* 252 Canton Av

R. W Mansfield M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60199 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 23 1902 BALTIMORE

*Date of Death,* Sept 23 1902

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Baby found Sept 23 Unknown

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* Unknown *Years,* — *Months,* — *Days.*

*Color,* W

*Married, Single, Widow or ~~Widower~~,* { Cross out the word not required in this line. } —

*Occupation,* Sailor (Supposed)

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } Swanns Wharf foot of Bells

*Cause of Death,* { First, (Primary.) Accidentally Drowned (Supposed) Second, (Immediate.) Sudden Death

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Potters Field

*Date of Burial,* September 29

*Undertaker,* Abichael Coleman

*Place of Business,* 50 Odonald St

C. H. Mallard M. D., Medical Attendant.

*Address,* Corner Eden & Boston St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 60200 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant (Cook)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 4 *Days,*

*Color,* Negro

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} #6 Gay St alley

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} #6 Gay St alley

*Cause of Death,* First, (Primary,) Hemorrhage from cord

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holmes Cemetery

*Date of Burial,* Sept 26 1882

*Undertaker,* Wm W Madden

*Place of Business,* 46 East St

D V Moyer M. D., Medical Attendant.

*Address,* 170 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore,

Permit No. 60206 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 25 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph J Schuceyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* 5 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 212 Franklin St.

*Cause of Death,* First, (Primary.) Spinal Meningitis

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial* Har Sinai Cemetery

*Date of Burial,* 26 Sept

*Undertaker,* C Hollander & Son

*Place of Business,* Pratt & Conard *Address,*

A K Smith M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60202 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 25th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Belz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 7 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City,

*Duration of Residence in the City of Baltimore,* Since Birth,

*Place of Death,* {Give street and Number.} # 261 2 Ann St

*Cause of Death,* First, (Primary,) Variola (Confluens)

Second, (Immediate,)

*Duration of Last Sickness,* Thirteen Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cem

*Date of Burial,* Sept 26. 1882

*Undertaker,* C. Stanley & Son

*Place of Business,* 202 Canton Av

Jos. A. Ahlberger M. D., Medical Attendant.

*Address,* 243 Alice Anna

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60202 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 25th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kunigunda Leiber

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 5 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* since Birth.

*Place of Death,* {Give street and Number.} # 162 S. Chappel St.

*Cause of Death,* First, (Primary,) Variola (Confluent)

Second, (Immediate,)

*Duration of Last Sickness,* Eight Days.

All the above information should be furnished by the Physician.

*Place of Burial* St Evangelical Cem.

*Date of Burial* Sept. 26. 1882

*Undertaker* C. Lambert Son

*Place of Business,* 702 Canton Ave

John H. Kerberger M. D.,
Medical Attendant.

*Address,* 243 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Baltimore,

Permit No. 60204 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 26 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Adelheit Fisher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 10 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 45 Short

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate.)

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial* St. Alphonsius Cem.

*Date of Burial,* Sept. 28th 1882

Francis A. Sauer M. D.,
Medical Attendant.

*Undertaker,* Adam Fink

*Place of Business,* 461 W. Fayette *Address,* 105 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60206

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Layfield Ulrich

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Two *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None of Course

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bedley St. between Concord & Wilk

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 129 Madary Alley

*Cause of Death* { First, (Primary,) Malaria
Second, (Immediate,) Congestive Chill

*Duration of last Sickness,* About Ten Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Sept 26th 82

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe St *Address,*

*M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

[over]

# Board of Health, City of Baltimore,

Permit No. 60206 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH SEP 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie A. Garnett

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* ... *Months,* ... *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the ~~City of~~ Baltimore,* 9 Years

*Place of Death,* {Give street and Number.} 23 N. Stricker St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Apoplexy 6 hours

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Charlottesville Va.

*Date of Burial,* Sept 26 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Balto St

F. K. McGinnes M. D., Medical Attendant.

*Address,* 582 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 60207

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. SEP 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Tauber

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 45 *Years,* 6 *Months,* 18 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 45 yrs

*Place of Death,* {Give street and number.} 44 Parkin St.

*Cause of Death,* First, (Primary.) Malarial Fever

Second, (Immediate.) Heart Disease

*Duration of Last Sickness,* About 19 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 26th 1882

*Undertaker,* Jas H. Cook

*Place of Business,* No 707 W. Baltimore street

H. H. Hebner M.D.,

Medical Attendant.

*Address,* 298 W. Lombard St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 6208 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 23d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Baynard

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* Nine *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} No. 70 Biddle alley

*Duration of Residence in the City of Baltimore,* Nine days

*Place of Death,* {Give street and number.} No. 70 Biddle alley

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Prostration

*Duration of Last Sickness,* 3 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept. 26th 1882

*Undertaker,* Mr. H. Bishop

*Place of Business,* 97 N. H. ave.

F. B. Gardner M. D.,
Medical Attendant.

*Address,* 120 N. Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No 60209 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 24th; 2:45 a.m.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Schmidtke

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* 5 *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give street and number.} No. 132 S. Bennett Street.

*Cause of death,* First, (Primary,) Burn

Second, (Immediate,)

*Duration of Last Sickness,* Twelve hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* Sept 26th 1892

*Undertaker,* P. Vecoralis

*Place of Business.* 35 S. Eutaw

Chas. H. Schmidtke M. D.,
Medical Attendant.

Address N.E. Cor. Columbia Ave & Bennett

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6027 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1902 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 25 1902

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Sebitzky

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 75 Cambridge St.

*Cause of Death,* First, (Primary,) Membranous Croup

Second, (Immediate,)

*Duration of Last Sickness,* 5 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Old Woodmen Cemetery

*Date of Burial,* Sep 26

*Undertaker,* A Dizel

*Place of Business,* 1 Bond St

R W Mansfield M. D.,
Medical Attendant.

*Address,* 117 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Completely Called to this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

15

Permit No. 6021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 26. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie V Wilson

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 2 F *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 90 Mount St

*Cause of Death* {First, (Primary,) Pulmonary Consumption

{Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Sept 26th 1882

*Undertaker,* John L Hachey

*Place of Business,* 150 Saratoga St

F. C. [illegible], M. D.
Medical Attendant.

*Address,* 180 Mt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 68212 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 22 Sept 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Washington

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Parrish alley

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give street and number.} No 22 ½ Corns alley

*Cause of death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount St Evelin

*Date of Burial,* Sept 26 1882

*Undertaker,* William A Lange

*Place of Business,* 62 East all

W. H. Hamer *M. D.,*

Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60213 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 25th 92

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Biery

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* ..... *Months,* 20 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 124 Columbus St

*Cause of Death,* First, (Primary,) Cyanosis

Second, (Immediate,) .....

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Peter Hill Cemetery

*Date of Burial,* Sept. 26 92

*Undertaker,* Philipp J. Diez

*Place of Business,* 183 Columbia Ave

John G. Ulrich M. D.,
Medical Attendant.

*Address,* 2054 Loudon

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60214 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 25/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Kapfhafstein

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 8 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* during life time

*Place of Death,* { Give street and Number. } 244 S. Durham

*Cause of Death,* First, (Primary,) Small Pox

~~Second, (Immediate,)~~ only saw boy once, (yesterday) and found him in a dieing condition

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Johns

*Date of Burial,* Sept 26th

*Undertaker,* E. Franc

*Place of Business,* 1 Fort & Wolfe

Dr. R. M Mansfield M. D., Medical Attendant.

Address, 117 S. Broadway

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60215 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 20th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McManus

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 60? *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Unknown

*Occupation,* Unknown

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and Number.} City Hospital

*Cause of Death,* First, (Primary,) Exposure -

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Ed Cem

*Date of Burial.* Sept 26

*Undertaker,* W Coleman

*Place of Business,*

T. Fraser Thomas M. D.,
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6021/6 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 26 1882 BALTIMORE

*Date of Death,* Sept 26th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Erskine

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 ? *Years,* — *Months,* — *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* House Maid

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Unknown

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and Number.} City Hospital.

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* 10 days.

All the above Information should be furnished by the Physician.

*Place of Burial,* E. L. Cem

*Date of Burial,* Sept 26

*Undertaker,* W. Bloeman

*Place of Business,*

Fraser Thomas M. D.,
Medical Attendant.

*Address,* City Hospital.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case shall come under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 60217 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 26

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Harding

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} f

*Age,* ..... *Years,* ..... *Months,* 1 *Days,*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} Ann & Wilkens Sts

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Cramp

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 26 - 1882

*Undertaker,* Wm W Madden

*Place of Business,* 46 East St

Geo. W. Dunton M. D.,
Medical ~~Attendant~~

*Address,* Ann & Wilkens

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60218 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 26/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza A. Catlin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* — *Months,* — *Days,*

*Color,* Col

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Home Keeper

*Birthplace,* {State or country, and now long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 18 St Hughes Pl

*Cause of Death,* First, (Primary,) Small Pox

Second, (Immediate,)

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* B. P. Cemetery

*Date of Burial,* Sept 26/82

*Undertaker,* F. A. Kercher

*Place of Business,* 38 E Barre Address, Com. of Health

Wm. M. Brown M. D.,
~~Medical Attendant~~

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Wm. C. Brown Inspector

# Board of Health, City of Baltimore,

Permit No. 60219 *Office of Registrar of Vital Statistics.* Ward 4

The Physicinn who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 26 1932 BALTIMORE

*Date of Death,* Sept 25 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dudley

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days,*

*Color,* Wd

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md,

*Duration of Residence in the City of Baltimore,* Four Years

*Place of Death,* {Give street and Number.} 23 Rhiley St- alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Kent County

*Date of Burial,* Sept 27 82

*Undertaker,* Chas A. White

*Place of Business,* 35 Granby St

A Trapp Stenker M. D.,
Medical Attendant.

Address, 11 S. Hyde St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

16

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No* 60220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 26 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evelina Tasker

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 21 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 124 Conway St

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 124 Conway St

*Cause of Death* First, (Primary,) Diarrhoea

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Few days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St

*Date of Burial,* Sept 27 1882

*Undertaker,* S McChase

*Place of Business,* 198 Howard St

Dr. E. Clayton M. D.
Medical Attendant.

*Address,* 36 S. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 60221 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
SEP 25
1882
BALTIMORE

*Date of Death,* Sept. 24. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Tate,

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days,*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Iron worker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Westmoreland Co. Va.

*Duration of Residence in the City of Baltimore,* Seventeen years,

*Place of Death,* {Give street and Number.} 477 E. Monument St.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,) Haemoptysis,

*Duration of Last Sickness,* Four weeks,

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral

*Date of Burial,* Sept 27th 1882

*Undertaker,* Hy W. Means

*Place of Business,* 415 N. Gay St

G. Glanville Peck M. D.,
Medical Attendant,

*Address,* Balt. & Hanover Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

**Permit No.** 60222 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

SEP 21 1882 BALTIMORE

*Date of Death,* Sunday Sept 24 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kart Ramp

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 10 *Months,* 8 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Non

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

*Duration of Residence in the City of Baltimore,* 8 Month

*Place of Death,* {Give street and number.} 2 Bunnie St

*Cause of death,* First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 6 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Locusts Cem

*Date of Burial,* Sept 27 1882

*Undertaker,* Frey & Bro

*Place of Business,* Bun

J E Prichard M. D.,
Medical Attendant.

*Address,* 28 O Donnell St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60223 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 25. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman Vurster

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 1446 Hampstead St.

*Cause of death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial;* Septem 27 1882

*Undertaker,* John Heaney

*Place of Business,* 382 Orleans St

J. H. Collenberg M. D.,
Medical Attendant.

*Address,* 369 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 60224 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 25th 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } James Cole

*Sex, Male or Female,* { Cross out the word not required in this line. } "

*Age,* 72 *Years,* " *Months,* " *Days,*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* { Cross out the word not required in this line. } "

*Occupation,* Bricklayer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Rolls County Ohio

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* { Give street and Number. } 122 Aisquith St

*Cause of Death,* First, (Primary,) Paralysis

Second, (Immediate) Senile decay.

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial.* Sept 27 1892

E. A. Duncan *M. D.,*
Medical Attendant.

*Undertaker,* C. T. Devine

*Place of Business,* 271 N Entaw St *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60225 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles George White

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 20 *Years,* 11. *Months,* 24 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Sailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 94 Sommerset St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* Fourteen (14) months

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns RC Cem

*Date of Burial,* Sept 28, 1882

*Undertaker,* Henry Roeth

*Place of Business,* 307 Central Ave

Jno. C. Hobson M. D.,
Medical Attendant.

Address, 116 Eastern Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60226 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 26 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Boswell.

*Sex, Male ~~or Female,~~* { Cross out the word not required in this line. }

*Age,* 69 *Years,* *Months,* *Days,*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* { Cross out the word not required in this line. }

*Occupation,* Brickmaker

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 134 Columbia St

*Cause of Death,* { First, (Primary,) Pneumonia
Second, (Immediate,) 6 weeks.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept 28/82

*Undertaker* Austin Dunn

*Place of Business,* 263 Light

R. J. H. Tall M. D.,
Medical Attendant.

*Address,* 152 Fraup St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate stating forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 6022 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 26th 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael O'Sullivan

*Sex, Male* ~~or Female~~, { Cross out the word not required in this line. }

*Age,* 42 *Years,* *Months,* *Days.*

*Color,* White

~~Married~~ *Single,* ~~Widow or Widower~~. { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 32 years ~~If of foreign birth~~

*Place of Death,* { Give street and Number. } (No Number) Patterson Ally

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) Delerium Tremens

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial* Holy Cross

*Date of Burial,* Sept 28th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave *Address,* 36 Greenmount Ave

Giles N Hunt M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60228 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Monday Sept 20th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Spearman,

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 65 *Years,* ... *Months,* ... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 27 Years

*Place of Death,* {Give street and Number.} # 174 Greenmount ave

*Cause of Death,* First, (Primary,) Malaria & Exposure from Intemperance

Second, (Immediate,) Congestion of Brain & Exhaustion

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 28th.

*Undertaker,* H. C. Windsfield

*Place of Business,* 90 Greenmount ave

Wilmer Stanton M. D.,
Medical Attendant.

Address, 251 Greenmount ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

12

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 25th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents } Frank Murdock,

*Sex, Male* ~~or Female~~, { Cross out the word not required in this line. }

*Age,* 2 *Years,* 2 *Months,* *Days.*

*Color,* Black *Sex,* — —

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } — —

*Occupation,* — —

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* 2 years + two months

*Place of Death,* { Give street and number. } 4 Wilmer Alley

*Cause of Death,* { First (Primary,) / Second (Immediate,) } Meningitis

*Duration of Last Sickness,* About One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* 28 Sept

E. M. Reid M. D.
Medical Attendant.

*Undertaker,* J. H. Chalmers

*Place of Business,* 336 Pennsa Ave

*Address* 243 N. Fremont St
Balt.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 60230 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mulvey

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 9 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} # 257 S Ann St

*Cause of Death,* First, (Primary,) Small Pox

Second, (Immediate,)

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cem'y

*Date of Burial,* Sept 27/82

*Undertaker,* G. Ellmance

*Place of Business* Bank & Wolf sts

Geo. W. Gross M. D., Medical Attendant.

Address, Board of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60231 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

SEP

*Date of Death,* September 26, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick F. Weise

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5-8 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Piano Maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Saxony Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and Number.} Franklin near Green

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Heart Disease

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* Sept. 28

*Undertaker,* Walter Simms

*Place of Business,* 315 W. Biddle

Alexander Finley M. D., Medical Attendant.

*Address,* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6 0232 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 27

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 26. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Paine

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 1 *Months,* 8 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 30 Stockton

*Cause of death,* First, (Primary,) Inanition

Second, (Immediate,) Asthema

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* W P Cem

*Date of Burial,* Sept 28

*Undertaker,* A Gardner

*Place of Business,*

Jno. J. Lin, *M. D.,*
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60233 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

SEP 27

*Date of Death,* Sept 25th 9:30 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Lefas

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 9 *Months,* ——— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 97 Ryan Street

*Cause of death,* First, (Primary,) Diphtheria

Second, (Immediate,) ———

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 27 1882

*Undertaker,* H. Ross

*Place of Business,* 95 Conway st

Wm Valdenberg M. D.,
Medical Attendant.

*Address,* N.E. Cor. Charles & Fayette Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60231 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 26 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Baker Berry

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 123 Sharp St

*Cause of death,* First, (Primary,) Phthisis

Second, (Immediate,) ~~2yrs~~ asthenia 2 yrs

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* Sept 28th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 553 W Fayette St *Address,*

S. Lilienthal M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 26. Sept. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev. Jas Rogers

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* 59 — *Years,* + *Months,* ——— *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Minister

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balti. City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 89 N. Paul St.

*Cause of Death,* First, (Primary,) Cardiac Disease. Aortic Stenosis, Mitral

Second, (Immediate,) insuf. & Ventricular Dilatation

*Duration of last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 29 (82) Wm. H. Johnston M. D.

Medical Attendant.

*Undertaker,* Damm & Whitelaw

*Place of Business,* 537 W. Fayette *Address,* No 82 Franklin St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 60536 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 27 1882

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 26 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Broderick

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* — *Months,* 5 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Same City

*Duration of Residence in the City of Baltimore,* Same City

*Place of Death,* { Give street and Number. } 253 Orleans St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Inf Cerebritis ~~Convulsions~~ 4 days

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept. 29th 1882

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Gross sts

H Thomas Cotta M. D.,
Medical Attendant.

*Address,* 126 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 6029 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 26th September 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sullivan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Asylum of the Little Sisters of the Poor cor. John and Valley Streets

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Chronic Gastritis

*Duration of Last Sickness,* two months

All the above Information should be furnished by the Physician.

*Place of Burial,* Sept 29 1882

*Date of Burial,* St Peters cem

*Undertaker,* Jos. F Byrne

*Place of Business,* 89 Liberty st *Address,*

I Mc Enroe Boyle M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60238 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 27 1882

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Adell Clarson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* Six *Months,* Twenty three *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 148 N Howard St

*Cause of Death,* First, (Primary,) Cholera infantum

Second, (Immediate,) Inanition

*Duration of Last Sickness,* About two Months

All the above information should be furnished by the Physician.

*Place of Burial* Mt. Olivet Cem.

*Date of Burial,* Sept. 28. 1882

*Undertaker,* J. B. Cook

*Place of Business,* 709 W. Balto. St *Address,* 262 Madison Ave

Elias L Price M.D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore

Permit No. 60259

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

SEP 27 1882

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert Bennett

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years.* *Months,* 18 *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} Schroeder & Trott

*Cause of Death,* First, (Primary.) Cranitis

Second, (Immediate.) Inanition

*Duration of Last Sickness,* 5 Days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 27th 1882

*Undertaker,* Jos L Cook

*Place of Business,* No 707 E Baltimore

Abt Latrobe M.D.,

Medical Attendant.

*Address,* 343 N London

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 60240 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 27 1882

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 26th 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } George Henry Schaffstein

*Sex, Male or Female,* { Cross out the word not required in this line. } —

*Age,* — *Years,* 2 *Months,* 3 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* none

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and Number. } 104 Calvert St

*Cause of Death,* { First, (Primary,) Eclampsia
Second, (Immediate,) 2 Days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* Sept 27 1882

*Undertaker,* H. Saunders Son

*Place of Business,* 252 Cathedral St

E. J. Adams M. D.,
Medical Attendant.

*Address,* 3— Elliott St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 6024 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 26/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} W. W. Benyon

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days,*

*Color,* white

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Builder

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give Street and Number.} 130 Bank St.

*Cause of Death,* First, (Primary) Apoplexy

Second, (Immediate.)

*Duration of Last Sickness,* 6 days

All the above Information should be furnished by the Physician.

*Place of Burial* Greenmount Cemetery

*Date of Burial* Sept 28th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

R. W. Mansfield M. D.,
Medical Attendant.

*Address,* 117 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6024R *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 27 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henry Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Aged 15 *Years,* *Months,* *Days.*

*Color,* N

*Married, Single, Widow or Widower.* {Cross out the word not required in this line.}

*Occupation,* Sailor boy

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} Patapsco Railway foot of Fulton Ave

*Cause of Death,* First, (Primary,) Accidentally drowned

Second, (Immediate,)

*Duration of Last Sickness,* Sudden Death

All the above Information should be furnished by the Physician.

*Place of Burial* E Balto P Cemetery

*Date of Burial,* Sept 27

*Undertaker,* M Coleman

*Place of Business,*

Chas A Turner M. D., Medical Attendant.

Address, Corner E Lombard & Ann Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

# Board of Health, City of Baltimore,

Permit No. 60243 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended my person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 28 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 27th, 882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Zubuskski

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* ..... 22 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City. Md.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 1 30 Shakspeare St.

*Cause of Death,* First, (Primary,) Internal Convulsions

Second, (Immediate,) .....

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alfonsus Cem

*Date of Burial,* 28. September

*Undertaker,* H. Deffel

*Place of Business,* 151 Bond St.

John A. Rehberger M. D.,
Medical Attendant.

*Address,* 243 Aliceanna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

17

# Board of Health, City of Balt.

Permit No. 602424

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. L. R. Lucas

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 1 *Years,* 4 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } # 117 Cook St

*Cause of Death,* { First, (Primary.) Debitis / Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemt

*Date of Burial,* Sept 28th 1882

*Undertaker,* Armstrong & Comp

*Place of Business,* 263 Light St

F. B. Robb M.D.,
Medical Attendant.

*Address,* 58 Warren Ave

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60245 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

• No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 27th 7ber 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shleret

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State on country, and how long in the United States, if of foreign birth.} Germanie

*Duration of Residence in the City of Baltimore,* Dont Know

*Place of Death,* {Give street and Number.} asylum of the Sitte Sisters of the Poor cor Johns and Valley St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Bilious Dysentery

*Duration of Last Sickness,* three months

All the above Information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial.* 28 7ber 1882

*Undertaker,* Henry Schattheis

*Place of Business,*

Jno. F. Rockford M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60246 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Mary Stokes

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 68 *Years,* 3. *Months,* 17 *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and Number.} N. W. Cor Bridge & Asia Streets

*Cause of Death,* First, (Primary,) Oedema Catarrhalis

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* 9 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Potters Burial Ground N. Rhode Dallas

*Date of Burial,* Sept 28th 1882 J. W. Schaur M. D.,

Medical Attendant.

*Undertaker,* Geo Schilling

*Place of Residence,* Monument & Eighteenth Streets Address, E. Eager Caroline Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 60247 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Kein

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 54 *Years,* *Months,* *Days.*

*Color,* W.

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Shoemaker

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* Many years

*Place of Death,* { Give street and number. } 94 Richmond St

*Cause of death,* { First, (Primary,) ..... Second, (Immediate,) probable Uremia 1 Month

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Cemetery

*Date of Burial,* Sept 29th

*Undertaker,* Chas. F. Scriven

*Place of Business,* 271 N Eutaw

R. Winslow M. D.,
Medical Attendant.

*Address,* 701 W. Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60248 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 26th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Nagengast

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~28~~ 52 *Years,* 8 *Months,* ~~Days~~,

*Color,* White

*Married,* ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and Number.} No 506 Canton Ave

*Cause of Death,* First, (Primary,) Typhoid fever

Second, (Immediate,)

*Duration of Last Sickness,* 21 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Helena

*Date of Burial,* Sept. 29th

*Undertaker,* G. Frazier

*Place of Business,* 9 Bank & Wine

Thomas P. Evans M. D., Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60449 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Matthews

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 10 *Months,* 22 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Born & lived

*Place of Death,* {Give street and Number.} 10 E Eutaw St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Sept. 29th 82

*Undertaker,* G. France

*Place of Business,* 19 & N Howard

J. E. Gibbons M. D.,
Medical Attendant.

Address, 70 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

9

# Board of Health, City of Baltimore,

Permit No. 60250

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 28 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Denby

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 12 *Months,* — *Days.*

*Color,* Colrd

~~*Married,*~~ *Single,* ~~*Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* 12 months

*Place of Death,* {Give street and number.} 11 Marion Lt.

*Cause of Death,* First, (Primary.) Inflammation of Bowels

Second, (Immediate.) a couple days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 29th 1882

*Undertaker,* Matthew Cadogan

*Place of Business,* 22 Hillen St

J. Ling M.D.,
Medical Attendant.

*Address,* 152½ N. Eutaw St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60251 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 28 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 28 7bre 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolina Duval

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* *Months,* *Days,*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* School Teacher

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} (Ireland)

*Duration of Residence in the City of Baltimore,* Last Seven

*Place of Death,* {Give street and Number.} Asylum of the Little Sisters of the Poor cor. John and Paca Sts

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cancer of the Uterus

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial.* 29th 7ber 1882

J. M. Brooke Boyle M. D.,
Medical Attendant.

{*Undertaker,* Henry Schelhaus
*Place of Business*} *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6252 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Emma V. & Wm. Pierson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~———~~ *Years,* — *Months,* 4 hours ~~Days.~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 4 hours

*Place of Death,* {Give street and number.} 246 Mont'y St.

*Cause of death,* First, (Primary,) ———

Second, (Immediate,) Cyanosis

*Duration of Last Sickness,* 4 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 28th

*Undertaker,* Wm. J. McKeon

*Place of Business,* 136 Camden

R. C. Lee M. D.,
Medical Attendant.

Address, Hanover & Barre sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3

# Board of Health, City of Baltimore,

**Permit No.** 60253

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

SEP 28 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie May Moore

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ____ *Years,* Thirteen *Months,* 10 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 69 S. Dallas St

*Cause of Death,* First (Primary,) Small Pox

Second (Immediate,)

*Duration of Last Sickness,* Eleven days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery J. A. McWilliams M. D.

Medical Attendant.

*Date of Burial,* September 29th 1882

*Undertaker,* Leonhard Deutz

*Place of Business,* S. Bond St. 277 *Address* 54 S. Broadway

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# // Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60254

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 28 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 27 Sept 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew J Snyder

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 261 N Howard St

*Cause of Death* { First, (Primary,) Typhoid fever
Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Sept 29 1882

{ *Undertaker,* Andrews & Hodges
{ *Place of Business,* No 47 & 49 Druid Hill Ave

A Friedenwald M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 60266 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28th 1902

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sadler

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 7 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 1 S Winchester's Court

*Cause of Death,* First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,)

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* I Alfonsus

*Date of Burial,* Sep

*Undertaker,* H Dizel

*Place of Business,* 1 Bond St *Address,*

M. D.,

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case shall come under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60256 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. nnder penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna M. Mahla

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 40 *Years,* *Months,* *Days,*

*Color,* white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* none

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt. city

*Duration of Residence in the City of Baltimore,* during life time

*Place of Death,* { Give street and Number. } 202 East av.

*Cause of Death,* First, (Primary,) Paralysis

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmell

*Date of Burial.* Sep 30 2

*Undertaker,* Mc Dizzel

*Place of Business,* 151 S Bond

R. W. Mansfield M. D.,
Medical Attendant.

*Address,* 117 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60257 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotta Lowe

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 80 Wilkens Alley

*Cause of Death,* First, (Primary,) Diptheria

Second, (Immediate,) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* W Plain

*Date of Burial,* Sept 28

*Undertaker,* F A Kershaw

*Place of Business,*

W S Baxley M. D., Medical Attendant.

*Address,* 210 Shipley St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 6258 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

SEP 29 1882 BALTIMORE

*Date of Death,* Sept. 27, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dilman S. Stuart

~~*Sex*~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 68 *Years,* 9 *Months,* *Days,*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* About 20 yrs

*Place of Death,* {Give street and Number.} 54 N. Carrollton Av.

*Cause of Death,* First, (Primary.) Apoplexy (Cerebral)

Second, (Immediate,)

*Duration of Last Sickness,* about 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept 29

*Undertaker,* McCaffrey & Shields

*Place of Business,* 60 N Carrollton ave

J. Ambrose Hood M. D.,
Medical Attendant.

*Address,* 322 Hollins st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60259 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

SEP 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nannie S. Opie

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 64 *Years,* 10 *Months,* *Days,*

*Color,* white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Martinsburg W. Va

*Duration of Residence in the City of Baltimore,* 15 years.

*Place of Death,* {Give street and Number.} 39 N. Amity St

*Cause of Death,* First, (Primary,) Chronic Diarrhoea

Second, (Immediate,) 4

*Duration of Last Sickness,* Six 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Staunton Va

*Date of Burial,* Sept 29 1882

*Undertaker,* Dennis Mitchell

*Place of Business* [illegible] Address, 39 N. Canal St

Thomas Opie M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

2813

# Board of Health, City of Baltimore,

Permit No. 60260 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPT. SEP 29 1892 BALTIMO

*Date of Death,* Sept 28" 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Zellaire

*Sex, Male or Female,* { Cross out the word not required in this line. } male

*Age,* 61 *Years,* — *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Shoemaker

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 16 Years

*Place of Death,* { Give street and Number. } 154 N Spring St

*Cause of Death,* { First, (Primary,) } { Second, (Immediate,) } Small Pox

*Duration of Last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto

*Date of Burial,* Sept 29

*Undertaker,* W Duffel

*Place of Business,*

Geo. W. Benson M. D.,
~~Medical Attendant.~~

*Address* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

19

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

SEP 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne Gaskins

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* ..... *Months,* ..... *Days.*

*Color,* White *Sex,*

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Princess Anne Co Virginia

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number.} 221 N. Carrollton ave

*Cause of Death,* {First (Primary,) Cancer of Stomach
Second (Immediate,) Asthenia

*Duration of Last Sickness,* Seven (7) months

All the above information should be furnished by the Physician.

*Place of Burial,* Norfolk Virginia

*Date of Burial,* Sept 27/82

Jas H. Gaskins M. D.
Medical Attendant.

{*Undertaker,* Denny & Mitchell *Address* 221 Carrollton ave
{*Place of Business,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

9

# Board of Health, City of Baltimore,

Permit No. 60262

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

SEP 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Robinson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* about 67 *Years,* *Months,* *Days.*

*Color,* W

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Retired Merchant

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Berkely County, Va.

*Duration of Residence in the City of Baltimore,* about 40 years

*Place of Death,* {Give street and number.} Carrollton Hotel

*Cause of Death,* First, (Primary.) Paralysis - heart disease

Second, (Immediate.) Cardiac asthma - Dropsy

*Duration of Last Sickness,* Months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* October 1st 1882

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 75 N. Charles St. *Address,* 187 W Howard St

Richard Matthews M.D.,

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60268 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPT. SEP 29 1882 BALTIMORE

*Date of Death,* Sept 28 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Galbraith

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 5 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ball

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 302 E Cleveland

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Infantile Diseases

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 30"

*Undertaker,* H Briele

*Place of Business,* 81 Henrietta st

Gordon Curtis M. D., Medical Attendant.

*Address,* 146 Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60764 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 27th 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Egan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Three *Years,* Five *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 150 Johnson Ave

*Cause of Death,* First, (Primary,) Irritating gases in the atmosphere

Second, (Immediate,) Diphtheritic Croup

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial* St Peters Elen

*Date of Burial,* Sep. 28th 1889

*Undertaker,* C. F. Krause

*Place of Business,* *Address,*

M. D.,

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 60765 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

SEP 29 1882 BALTIMORE

*Date of Death,* Sept 28 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie C Day

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 27 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} No 96 S. Eutaw St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis (Cont.

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Oct 1st 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway Address.

Geo H Lee M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 60266 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* October 1st

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Anne Ratts

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 73 *Years,* — *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Widow

*Occupation,* Nil

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 27 yrs

*Place of Death,* { Give Street and Number. } 239 East St

*Cause of Death,* First, (Primary,) Old Age

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 3 wks

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore

*Date of Burial,* Oct 1st

*Undertaker,* Geo. Schilling

*Place of Business,*

D. Shea M. *M. D.,*
Medical Attendant.

*Address,* 143 N. Gay St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 6026

*Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Agnis Lilly Kamp

*Sex,* ~~Male~~ ~~or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* 11 *Days.*

*Color,* White

~~*Married*~~, *Single, Widow or Widower.* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country and how long in the United States, if of foreign birth} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 112 E. Madison St

*Cause of Death,* First, (Primary,) Croup

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial* St. Alphonsus Cem

*Date of Burial,* Sept 29, 1882

*Undertaker,* Henry Hoeth

*Place of Business,* 309 Central Ave

Silas N Hunt M.D.,
Medical Attendant.

*Address,* 36 Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

Permit No. 10268 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1932 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 21 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Josephine Kirchenstein

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married,* ~~Single,~~ ~~Widow~~ *or Widower,* {Cross out the word not required in this line.}

*Occupation,* Housewife.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} Cor Hoshen & Woodyear

*Cause of death,* First, (Primary,) ———

Second, (Immediate,) Malarial Fever

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* Sept. 30, 1882

*Undertaker,* Henry Heath

*Place of Business,* 304 Central ave *Address,* S.E. Cor Fayette & Forrest

W. Gray Smith M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60269 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George P. Shuebe

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* — *Years,* 7 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } 425 N Gay St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of Last Sickness,* 8 weeks.

All the above information should be furnished by the Physician.

*Place of Burial* St Paul Cem. Troy Road

*Date of Burial,* Sept. 29th 1882 A B Arnold M. D.,

Medical Attendant.

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 60270 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucie A. Evans

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* — *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 27 Hamburg St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Tuberculous Meningitis

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lane burg

*Date of Burial,* Sept 30/82

*Undertaker,* A Ross

*Place of Business,* Lanburg

Geo E Cole M. D., Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60271 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Prendergast

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 23 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 9 W. Fayette Ave,

*Cause of Death,* { First, (Primary,) } { Second, (Immediate,) } Phthisis Pulmonalis

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Holy Cross Cemetery

*Date of Burial,* Sept 28th.

{ *Undertaker,* Jas P Byrne

{ *Place of Business,* 63 W Mt } *Address,*

Jno. Arnold Bayly *M. D.,*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore.

Permit No. 60272 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Bose

*Sex,* Male ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 29 *Years,* 9 *Months,* — *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Loan maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 2 N Broad Street

*Cause of Death,* First, (Primary,) Murder. Pistol shot in chest &
Second, (Immediate) through Heart

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cem

*Date of Burial,* Oct 1st 1882

*Undertaker,* Jas L Byrne

*Place of Business,* 6 ? Hanover *Address,* 62 E Balto St

Chas M. Moffat M. D.,
Coroner ED ~~Medical Attendant~~

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

7

# Board of Health, City of Baltimore.

Permit No. 60273

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

SEP 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sep 27 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. E Clements

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 3 *Years,* 2 *Months,* 20 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* whole life

*Place of Death,* {Give street and number.} 176 W Lee

*Cause of Death,* First, (Primary.) Diphtheria croup

Second, (Immediate.)

*Duration of Last Sickness,* three days

All the above information should be furnished by the Physician.

*Place of Burial,* Bolt Cemetery

*Date of Burial,* Sept 30 1882

*Undertaker,* John W Jackson

*Place of Business,* Cor of Fay & Cathedral

J. W. Chambers M.D.,
Medical Attendant.

*Address,* 133 N Eutaw St

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Leach

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* Thirty One *Years,* Nine *Months,* — *Days.*

*Color,* White

*Married, ~~Single,~~ ~~Widow or Widower,~~* {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

*Duration of Residence in the City of Baltimore,* Three Years

*Place of Death,* {Give street and number} 136 Mulberry St

*Cause of Death,* First, (Primary,) Typhoid Fever.

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Fourteen days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Sept 29th 1882

*Undertaker,* Henry W. Mears

*Place of Business,* 459 Fayette St

G. B. Becker M.D.
Medical Attendant.

326 Lexington St
*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

Permit No. 60275

*Office of Registrar of Vital Statistics.* 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura Jane Ringgold

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* 7 mo

*Place of Death,* { Give street and number. } 259 Cross St Balt

*Cause of Death,* First, (Primary.) .....

Second, (Immediate.) Malarial

*Duration of Last Sickness,* 3 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Sept 29/82

*Undertaker,* Jacob Davis

*Place of Business,* 163 Cross St

W R Welsh *M.D.,*

Medical Attendant.

*Address,* 161 W Fayette

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60276 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 29 1892 BALTIMORE

*Date of Death,* Sept 29 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Bird

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days,*

*Color,* B (K)

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} B, city

*Duration of Residence in the City of Baltimore,* 1 yr

*Place of Death,* {Give street and Number.} 30 Winter

*Cause of Death,* First, (Primary,) Gastro, enteritis

Second, (Immediate,)

*Duration of Last Sickness,* 8 wks

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* Sept 29/82

*Undertaker,* Fred. Hinckmeyer

*Place of Business,* 50 & Carrollton Ave

R. A. P. Ellis M. D.,
Medical Attendant.

*Address,* 313 Light st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special [illegible] Physicians is respectfully solicited. [illegible] back of this [illegible]

# Board of Health, City of Baltimore,

Permit No. 60277 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. nnder penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 28th. 1892.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Jane Beer.

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 43 *Years,* 43 *Months,* *Days,*

*Color,* White.

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housewoman.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and Number.} No. 6 Clarke ct.

*Cause of Death,* First, (Primary,) Pneumonia.

Second, (Immediate,) Exhaustion.

*Duration of Last Sickness,* 6 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* Sept 30/92

*Undertaker,* W. N. Dunger

*Place of Business,* Same

J. E. Heard M. D.,
Medical Attendant.

*Address,* 220 E. Monument st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60278 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas M. McCord

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* — *Years,* 9 *Months,* 21 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Salt Lake City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } # 17 Barnes St

*Cause of Death,* First, (Primary,) Congestion

Second, (Immediate,) Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* N.W. Cem. Pikesville Road

*Date of Burial,* Sept. 29th 82

*Undertaker,* G. Frank

*Place of Business,* 9 Bank St. Add'ress, 107 So Sharp St

M. D., Medical Attendant.

Irene McDonough

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60279 *Office of Registrar of Vital Statistics.* Ward 7

The Physicim who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 28th. September 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Trencamp.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 93 *Years,* — *Months,* — *Days,*

*Color,* white.

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Peyne, Germany

*Duration of Residence in the City of Baltimore,* 30 years.

*Place of Death,* {Give street and Number.} S. Madeyra Alley 161.

*Cause of Death,* First, (Primary.) Marasmus senilis

Second, (Immediate,)

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* St. Johns Cem

*Date of Burial,* Sept 30th

*Undertaker,* G. Frank

*Place of Business,* Frank & Wolfe

William Henkel M. D., Medical Attendant.

Address, S. Wolfe str. 117.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60280 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Lockman

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 56 *Years,* 8 *Months,* — *Days,*

*Color,* W

~~*Married, Single,*~~ ~~*Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* Farmer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Queen Anns Co Md

*Duration of Residence in the City of Baltimore,* 4 days

*Place of Death,* {Give street and Number.} 60 Chase St between Charles & Cal

*Cause of Death,* First, (Primary,) Dropsy

Second, (Immediate,)

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* W Baltimore Co

*Date of Burial,* Sept 29th 1882

*Undertaker,* J. A. Kershaw

*Place of Business,*

Geo. H. Denson M. D.,

~~Medical Attendant.~~

*Address,* Cor. of Chase

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

8

# Board of Health, City of Baltimore,

Permit No. 60281

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

SEP 29 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 28th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Claire Patterson

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 33 — *Years,* 8 — *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 441 N. Central Ave

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount cem

*Date of Burial,* Sept 30th 1892

*Undertaker,* Wm. H. Pietzman

*Place of Business,* 234 N. Gay St

Chas B Leigh M.D.,
Medical Attendant.

*Address,* 323 N. Eden St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60282 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29 1852

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Perry Linton Stewart

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* One *Years,* 4 *Months,* *Days,*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 1 year & 4 months

*Place of Death,* {Give street and Number.} 62 Chesnut St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Israel Cemetery

*Date of Burial,* Sept 30 1852

*Undertaker,* William A Lange

*Place of Business,* 62 East St

H. Connelly M. D.
Medical Attendant.

*Address,* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. OVER

# Board of Health, City of Baltimore.

Permit No. 60283 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Donnelly

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days.*

*Color,* W

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland - 11 years

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give street and number.} on Randall & Clarkson

*Cause of death,* First, (Primary.) Typh. Fever

Second, (Immediate,) Drunkard

*Duration of Last Sickness,* Eighteen days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnibrae Cemetery

*Date of Burial,* Sept 30

*Undertaker,* B. Hanlon

*Place of Business,* 82 West St

D Sullivan *M. D.,* Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Memoranda below, and to Laws of Health on back of this Cer...

# Board of Health, City of Baltimore,

Permit No. 60184 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Temme

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 67 *Years,* one *Months,* 19 *Days,*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give street and Number.} 403 S Charles St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis apoplexy

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 1

*Undertaker,* B. Hauk

*Place of Business,* 32 West St.

Theodore Lorsch M. D., Medical Attendant.

*Address,* 146 Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60285 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 29th Sept 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Collins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* About Seven

*Place of Death,* {Give street and Number.} Asylum of the Little Sisters of the Poor cor. John and Valley Street

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Oct 1st

*Undertaker,* J. Black

*Place of Business* No 31 N Eutaw *Address,*

W. Goodé Lyle *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60286 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28 th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Horn Heffner

*Sex, Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 ~~*Months,*~~ week, ..... *Days,*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and Number.} 175 Jefferson Street

*Cause of Death,* First, (Primary,) Feeble constitution

Second, (Immediate,) exhaustion with convulsions

*Duration of Last Sickness,* about three weeks

All the above information should be furnished by the Physician.

*Place of Burial.* Green Mt Cemy

*Date of Burial.* Sept 30th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette St

Milton A. Taylor M. D.,
Medical Attendant.

*Address,* 138 E. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

No. 6 1 2 5

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# The Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sep 29th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} A H Hollingshead

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 43 *Years,* 7 *Months,* 7 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Widower

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 202 N Canal Ave

*Cause of Death* { First, (Primary,) Bright's Disease
Second, (Immediate,)

*Duration of last Sickness,* about 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sep 30 1892

*Undertaker,* J. W. Leonard & Son

*Place of Business,* 782 W Baltimore *Address,* 524 W Fayette

Robt K. Smith M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 60288 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Baltzer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 2 *Months,* 18 *Days.*

*Color,* White

*Married, Single, Widow or Widower.* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 218 N. Spring St.

*Cause of Death,* First, (Primary,) Chronic Throup.

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial* Mount Carmel Cemetery

*Date of Burial,* Sept 31 1882

*Undertaker,* John Herwig. Francis J. Lanan M. D., Medical Attendant.

*Place of Business,* 842 Orleans St *Address,* 103 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

8

# Board of Health, City of Baltimore,

Permit No. 60289

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen Kernan.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Manufacturer.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* Forty Years

*Place of Death,* {Give street and number.} 127 Eutaw St.

*Cause of Death,* First, (Primary.) Cardiac Disease

Second, (Immediate.) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 30 1882

*Undertaker,* James P Byrne

*Place of Business,* No 631 n Gilmor St *Address,*

Henry Stuck M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60290 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Mary

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ... *Years,* ... *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and Number. } 5 Neighbor Al

*Cause of Death,* First, (Primary,)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 1 day

All the above Information should be furnished by the Physician.

*Place of Burial* Mt Olivet Cemetery

*Date of Burial,* Sep 30

*Undertaker,* W Dyer

*Place of Business,* 1 Bond St

Silas N. Hinder M. D.,
Medical Attendant.

*Address,* 36 Green mt Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

8

# Board of Health, City of Baltimore,

Permit No. 60291

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~January~~ September 29. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Buckmiller

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co

*Duration of Residence in the City of Baltimore,* 52 Years

*Place of Death,* {Give street and number.} 229 N. Calvert st

*Cause of Death,* First, (Primary.) Old age

Second, (Immediate.)

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* Oct 2 1882

*Undertaker,* Geo. H. McFaul Co

*Place of Business,* 422 W. Fayette *Address,* 201 Mad. Ave

P. C. Williams M.D.,
Medical Attendant.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... Sec. 6. ...

# Board of Health, City of Baltimore,

Permit No. 60292 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Friday September 29th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Caroline D Speeden

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 74 *Years,* ... *Months,* ... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* ...

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* 60 Years.

*Place of Death,* { Give street and Number. } 33 Forest Place

*Cause of Death,* First, (Primary,) Bronchu Pneumonia.

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 1st 1882

*Undertaker,* Thos. S. Hughes

*Place of Business,* 60 E Baltimore St *Address,*

Wilmer Simkins M.D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 60293 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP. 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 29/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eus. Hodges

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 43 Lancaster st

*Cause of Death,* First, (Primary,) Membranous croup

Second, (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* S. Petris Cemetary

*Date of Burial,* September 30th 1882

*Undertaker,* Leonhard Kurtz

*Place of Business,* 277 S. Bondstreet

R. O. Mansfield M. D.,
Medical Attendant.

*Address,* 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore.

Permit No. 60294 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Shetta

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* 5 *Months,* 26 *Days,*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 577 Light St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis

*Duration of Last Sickness,* 12 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Hall

*Date of Burial,* Sept 30th

*Undertaker,* C. F. Krause

*Place of Business,*

Thomas Corbin M. D., Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60295 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Edna ~~ab~~ Wayson son of George & Barbary Wayson

*Sex, Male or Female,* { Cross out the word not required in this line. } ~~Female~~

*Age,* ~~ Years, 1 Months, 5 Days,

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,* None

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } 129 Hudson St 127 Hudson St - Leanton 1st Ward

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) Inanition

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels Cem

*Date of Burial,* Oct 1, 1882.

*Undertaker,* M A Caiger

*Place of Business,* 74 S. Broadway

E. Jones Wilkins M. D., Medical Attendant.

*Address,* 533 E Lee St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

# Board of Health, City of Baltimore, 6

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29 - 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benedict Hall

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* Black

*~~Married~~, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 3 Smith St

*Cause of Death* {First, (Primary,) Marasmus

{Second, (Immediate,)

*Duration of last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Sept 30th

*Undertaker,* J E Hough & Co

*Place of Business,* 320 Emmaus Ave

C. Fawcett M. D.
Medical Attendant.

*Address,* 92 Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully ... of the

# Board of Health, City of Baltimore,

Permit No. 60297 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 29th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Anetta Henning

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 20 *Years,* — *Months,* — *Days,*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. } Married

*Occupation,* Housekeeper

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } 182 E Monument St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* One (1) Year

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns cemetery

*Date of Burial,* Oct 1st 1882

*Undertaker,* A Rohde

*Place of Business* No 48 Pennsylvania Ave

E A Glover M. D.,
Medical Attendant.

*Address,* 182 E Monument St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Directions below, and to List of Diseases on Back of ...

# Board of Health, City of Baltimore,

Permit No. 60298 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George N. Simmons

*~~Sex~~, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Mary Land — Jean —

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 307 Park Ave.

*Cause of Death,* First, (Primary,) Chronic Pneumonia

Second, (Immediate,) Acute Congestion.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Park

*Date of Burial,* Oct 1st 1882

*Undertaker,* Thos. L. Hughes

*Place of Business,* 410 E. Balto

County

Chas. H. Riley M. D.,

Medical Attendant.

*Address,* 306 Madison Ave —

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

60299 **Board of Health, City of Baltimore,**

Permit No. ~~Sept~~ *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 30 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 1. 25th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Dugan

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* ~~*Years,*~~ 8 *Months,* ~~*Days.*~~

*Color,* white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and Number.} 83 Albemarle st

*Cause of Death,* First, (Primary,) marasmus

Second, (Immediate,)

*Duration of Last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 2, 82

*Undertaker,* James O Byrne

*Place of Business,* No 63 N Front St

P. G. Dausch, M. D.,
Medical Attendant.

Address, 23 N. B'way

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

# 2 Board of Health, City of Baltimore,

Permit No. 60300

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Schiller

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Abt 38 yrs *Years,* *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* abt 6 months

*Place of Death,* {Give street and number} 42 Hanover Street

*Cause of Death,* First, (Primary,) Malarial Fever

Second, (Immediate,)

*Duration of last Sickness,* Said to be abt 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* East Balto Cemetery

*Date of Burial,* Sept 30

*Undertaker,* Jno Coleman

*Place of Business,*

C M Morgan M. D.
Medical Attendant.
Corner Eo. Co.
Address, 67 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

3

# Board of Health, City of Baltimore,

Permit No. 60301

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 29th, 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Wallace.

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } Male

*Age,* 81 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* { Cross out the word not required in this line. } Widower.

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 84 years

*Place of Death,* { Give street and number. } 17 N. Broadway.

*Cause of Death,* First, (Primary.) Old age.

Second, (Immediate.)

*Duration of Last Sickness,* Six weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* Oct 1st 1882

Geo. L. Kenneson M.D.,
Medical Attendant.

*Undertaker,* Denny & Hutchins

*Place of Business,* 65 S Broadway *Address,* 73 E Baltimore

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ...

# Board of Health, City of Baltimore,

Permit No. 60302 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 30 1882. BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Carter

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 7 *Months,* *Days,*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 9 Carlton St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Dropsy

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Shart St

*Date of Burial,* Sept

*Undertaker,* W W Dungee

*Place of Business,*

Geo W Dunn M. D.,

Medical Attendant.

*Address,* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention ... of this ...

# Board of Health, City of Baltimore,

Permit No. 60303 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Dixon

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 2 *Years,* 1 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 1 [illegible] Lombard St

*Cause of Death,* { First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* 1 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* [illegible] 1882

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,*

*M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Accoutrements ... Back of this Co...

# Board of Health, City of Baltimore,

Permit No. 68304 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 30 1892 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29th. '92.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Malvina Smith

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Charleston S. Carolina

*Duration of Residence in the City of Baltimore,* 10 or 11 yrs.

*Place of Death,* {Give street and Number.} 22 Constitution n.

*Cause of Death,* First, (Primary,) Cancer Stomach

Second, (Immediate,) of Bowels

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Oct 1st

*Undertaker,* H. C. Windefield

*Place of Business,* 90 Greenmount ave

John T. Mommonier M. D., Medical Attendant.

Address, S. W. Calvert & Read sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 60305 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept the 30th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} infant of Harris Moore and Martha Everett,

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 10 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 244 Hughes St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Spasm

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* W'ml Cem

*Date of Burial,* Sept 30

*Undertaker,* F A Kerchner

*Place of Business,*

Geo. W. Elsom M. D.,

~~Medical Attendant.~~

Address Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 0020

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 20 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylvia Howard

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ~~Years,~~ 6 *Months,* *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ~~No 10 Little Calhoun St~~

*Place of Death,* {Give street and number} No 10 Little Calhoun St

*Cause of Death* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* W. P Cem

*Date of Burial,* Sept 30

*Undertaker,* F A Kershner

*Place of Business,*

C. Fawcett *M. D.*
Medical Attendant.

*Address,* 92 Marsh Ft

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Back of This Ce

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Permit No. 60307

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 30 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 27, 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Jones

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 23 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 134 Chestnut St.

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,* 17 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 30 1892

*Undertaker,* J. W. Chambers M.D.,

**Medical Attendant.**

*Place of Business,* 473 Jefferson *Address,* 133 N. Exeter St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... ...nch of t...

# Board of Health, City of Baltimore,

Permit No. 60308 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1892 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie May Robinson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 4 *Months,* ... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ...

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 139 N. Dulaney St

*Cause of death,* First, (Primary,) Syphilis

Second, (Immediate,) ...

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 30 1892

*Undertaker,* J. Roche

*Place of Business,* 473 Jefferson

D. D. Gross. M. D.,
Medical Attendant.

*Address,* 137 N. Dulaney St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

# Board of Health, City of Baltimore,

Permit No. 60309 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. SEP 30 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L Thomas

*Sex,* ~~Male or Female,~~ {Cross out the word not required in this line.}

*Age,* about 45 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* not Know

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} not Know

*Duration of Residence in the City of Baltimore,* not Know

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,) Typhus Fever

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* W Pleasant

*Date of Burial,* Sept 30

*Undertaker,* F A Kerdiver

*Place of Business,*

F West M. D.,

Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60310 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 29. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith M: Oler

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* *Months,* *Days,*

*Color,* wht

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* 4 mo.

*Place of Death,* {Give street and Number.} 183 Dolphin St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) meningitis

*Duration of Last Sickness,* 20 days

All the above information should be furnished by the Physician.

*Place of Burial,* Randalstown Balto Co

*Date of Burial,* Oct 1st 1882

G Lane Tanehill M. D.,
Medical Attendant.

*Undertaker,* Andrews & Hodges

*Place of Business,* 1047 Druid Hill Ave

*Address,* 129 W Biddle

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

# Board of Health, City of Baltimore,

Permit No. 60311 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 26. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Cooper

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 40 *Years,* *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 2 Patapsco av.

*Cause of Death,* First, (Primary,) Dropsy

Second, (Immediate,)

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Oct 1st 1882

*Undertaker,* Wm. C. Chase

*Place of Business,* 120 Broadway

W. S. Booze M. D.,
Medical Attendant.

*Address,* 210 Shapter St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 0[illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 18 Board of Health, City of Baltimore,

*Permit No.* 6 0 3 1 2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 27th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew J. Kelly

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 34 Years, ——— Months, ——— Days.

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Barber

*Birthplace,* {State of country, (and how long in the United States if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 37 Itaesche Street

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) Typhoid Fever

*Duration of last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Oct 1 1882

*Undertaker,* [illegible]

*Place of Business,* [illegible]

D. F. Reinhart M. D.
Medical Attendant.

*Address,* 166 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

Permit No. 60313 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles P. Benson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 1 *Months,* 25 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross ont the word not required in this line.}

*Occupation,* Child

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 47 Harlem Ave

*Cause of death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Oct 1st 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 556 W Fayette St

John Nott M. D.,
Medical Attendant.

*Address,* 206 Carrollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

OCT 1 1882
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Valeria Busey.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* Foetal 6½ Mo. ~~Years~~ *Months,* 1½ *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 36 hours.

*Place of Death,* {Give street and number.} 543 Eutaw Place

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Premature Birth.

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* Oct 1st

*Undertaker,* Meeth & Shields

*Place of Business,* 60 N Carrollton ave

E. M. Reid M. D.
Medical Attendant.

*Address* 243 N. Fremont St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 60315 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1884

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip J. Schrifogle

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 6 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* 4 yrs + 6 Mo

*Place of Death,* {Give street and number.} 287 S. Charles St.

*Cause of death,* First, (Primary,) —

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 1 84

*Undertaker,* Henry Briles

*Place of Business,* Henrietta St 81

R C Lee M. D.,
Medical Attendant.

*Address,* Hanover & Barre Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... of this Certificate

# Board of Health, City of Baltimore,

Permit No. 60316 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Helena Gale —

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* — *Days,*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 10 n Robory St

*Cause of Death,* First, (Primary,) Exhaustion

Second, (Immediate,) Croup

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 2 1888

*Undertaker,* S. W. Chase

*Place of Business,* S. Howard St

Geo W Booker M. D.,

~~Medical Attendant~~

Address, Commissioner of Health

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Th: Special Attention... Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60317 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 1 / 82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph C. Lenard

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 40 *Years,* *Months,* *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Commission Merchant

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* 12 yrs.

*Place of Death,* { Give street and Number. } 86 Callington ave

*Cause of Death,* First, (Primary,) Variola Malign. (Hemorrhagic form)

Second, (Immediate,)

*Duration of Last Sickness,* 6 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* Oct. 4, 1882.

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S Bdwy. *Address,* 117 S Broadway

R. W. Mansfield M. D., Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* 30 Sept 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda Riddick

*Sex,* ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* — *Months,* — *Days.*

*Color,* Black *Sex,* Female

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 46 Pine St

*Cause of Death,* First (Primary,) Albuminuria

Second (Immediate,) Convulsions 6 days after Labor.

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem. A Atkinson M. D.

*Date of Burial,* Oct 2nd 1882 Medical Attendant.

*Undertaker,* Ely Ransley *Address* 118 N Charles St

*Place of Business,* 116 ~~Madison~~ Saratoga St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention ... of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60319 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Brown

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* ... *Months,* 21 *Days,*

*Color,* Mulatto

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 15 Peach Alley

*Cause of Death,* First, (Primary,) Trauma

Second, (Immediate,) Tetanus

*Duration of Last Sickness,* 3 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 1

*Undertaker,* H Ross

*Place of Business,* 95 Conway St

Wm Gould M. D.,
Medical Attendant.

*Address,* 170 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...? Special Attend... ...k of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60320 *Office of Registrar of Vital Statistics.* Ward 16 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 28. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Hall

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 6 *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} 80 Plum alley

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* October 1

*Undertaker,* A Ross

*Place of Business,* 15 Conway St

W. S. Booze M. D.,
Medical Attendant.

*Address,* 210 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health. City of Baltimore,

Permit No. 60321 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lina Anderson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation.*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Hurford Co Md

*Duration of Residence in the City of Baltimore,* 2 Months

*Place of Death,* {Give street and Number.} University Hospital

*Cause of Death,* First, (Primary,) Cancer of Rectum

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* October 1. 1882

*Undertaker,* H Sander Jr

*Place of Business,* 202 Eastern Ave

Medical Attendant. M. D.,

Address, University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60322

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Snyder

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 432 Canton Av

*Cause of Death,* First, (Primary.) Small Pox

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Evangelic Cem

*Date of Burial,* Oct. 1 1882

*Undertaker,* H. Sander & Son

*Place of Business,* 352 Canton Av *Address,*

*M.D.,*

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60323 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Saturday Sept 3d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Bee

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Cabinet Maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give street and number.} 467 W. Lombard St.

*Cause of death,* First, (Primary,) Old age

Second, (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Sept 2nd 1882

*Undertaker,* Jos B Loud

*Place of Business* No 707 W Baltimore street

[illegible] M. D.,

Medical Attendant.

*Address,* 1617 W Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible] Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60324 *Office of Registrar of Vital Statistics.* Ward 1 c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

SEP 1 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Ferguson

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Williamsport. Penna

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give street and Number.} 112 S. Duncan. alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption

*Duration of Last Sickness,* 7 months

All the above information should be furnished by the Physician.

*Place of Burial,* Woodberry Cemetery

*Date of Burial,* Oct 1st 1882

*Undertaker,* G. France

*Place of Business,* Bank & Wolf

Wm. J. Gibson M. D.,
Medical Attendant

*Address,* Comm. of Health & Registr

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

H. McKewen

[OVER.]

The Special Attention of ... of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60325 *Office of Registrar of Vital Statistics.* Ward 16 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
OCT 1 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Young

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* about 50 *Years,* ... *Months,* ... *Days,*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give street and Number.} # 2 Little Alley

*Cause of Death,* First, (Primary,) ...

Second, (Immediate,) Heart, Hypertrophy

*Duration of Last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 1st 1882

*Undertaker,* G.W. Perkins

*Place of Business,* 130 Henrietta St

E. J. Bell M. D., Medical Attendant.

*Address,* 701 Shroeder St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60326

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

OCT 1 1882
BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 30th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Louis

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. } Female

*Age,* Thirty six *Years,* Nine *Months,* ——— *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower.~~* { Cross out the word not required in this line. } Married

*Occupation,* ———

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 13 Years

*Place of Death,* { Give street and number. } 167 Gordman's Al.

*Cause of Death,* First, (Primary.) Miscarriage

Second, (Immediate.) Haemorrhage Anaemia

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* October 1.st 1882

*Undertaker,* Ernst Schuman

*Place of Business,* 200. Shark St. *Address,* 47 Conway St.

D.E. Laucht H. Barclay M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention [illegible] Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60327 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Banks

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 3 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and Number.} .....

*Cause of Death,* First, (Primary,) Premature Birth

Second, (Immediate,) .....

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Western

*Date of Burial,* Sept 30

*Undertaker,* J B Cook

*Place of Business,* .....

J G Homuth M. D.,
Medical Attendant.

*Address,* 205 W Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of ... to the back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60328 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Foreman

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 1 *Years,* 6 *Months,* *Days,*

*Color,* [redacted]

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Md.

*Duration of Residence in the City of Baltimore,* 1 yr

*Place of Death,* { Give street and Number. } 1 East ave

*Cause of Death,* First, (Primary,) [redacted]

Second, (Immediate,) Convulsions 4 Diarrhoea

*Duration of Last Sickness,* 6 hrs

All the above information should be furnished by the Physician.

*Place of Burial.* Cedar Hill

*Date of Burial.* October 2

R. W. Ellis M. D.,

Medical Attendant.

*Undertaker,* B. Hart

*Place of Business,* 82 West St. *Address,* 81 & Light

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Printed on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 68329 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 30/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert M. Woods

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* 6 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 21 Hughes St. L.B.

*Cause of Death,* First, (Primary,) Dentition

Second, (Immediate,)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill C.

*Date of Burial,* October 2

*Undertaker,* B. Hurle

*Place of Business,* [illegible]

R. W. Mansfield M. D., Medical Attendant.

*Address,* 117 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 07230

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# / Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 1. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Betz

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 7 *Years,* 3 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Minor

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* ~~During life~~ 2 years

*Place of Death,* {Give street and number} 7 Potomac Street

*Cause of Death* First, (Primary,) Diphtheria

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel

*Date of Burial,* Oct 2th

W. E. Mosley M. D.
Medical Attendant.

*Undertaker,* Charles Brandt

*Place of Business,* Clinton St. Center *Address,* 248 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of ... of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60331 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Rhinehart

*Sex, Male or Female,* {Cross out the word not required in this line.} /

*Age,* 5 *Years,* 1 *Months,* — *Days,*

*Color,* White /

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} /

*Occupation,* none.

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and Number.} 369 Alice Ann

*Cause of Death,* First, (Primary,) Variola.

Second, (Immediate,)

*Duration of Last Sickness,* 1 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cem

*Date of Burial,* Oct 2. 1882

*Undertaker,* Henry Snider

*Place of Business,* 202 Canton

E. J. Williams M. D.,
Medical Attendant.

*Address,* 533 Elliott st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore.

Permit No. 60332 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1902 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 2 02

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Long

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~ Female

*Age,* 2 *Years,* 3 *Months.* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 149 Wilkins St

*Cause of death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels

*Date of Burial,* Oct 3

*Undertaker,* B. Horn

*Place of Business,* 53 Hanover St

I. C. Burch M. D.,
Medical Attendant.

*Address,* 15 S Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60333 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 1st, 1882,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward John Henry Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 Years, 9 Months, 27 Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

*Duration of Residence in the City of Baltimore,* since Birth.

*Place of Death,* {Give street and Number.} #188 Eastern Av.

*Cause of Death,* First, (Primary.) Diptheria

Second, (Immediate.)

*Duration of Last Sickness,* Three days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 2th 1882

John H. Rehberger M. D.,

Medical Attendant.

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Av. *Address,* # 243 Alice Anna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Please Special Attention ...

# Board of Health, City of Baltimore.

Permit No. 60334 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Hagg

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* ..... *Months,* ..... *Days.*

*Color,* W

*Married, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* No

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} N. 189 E. Aisquith

*Cause of death,* First, (Primary,) .....

Second, (Immediate,) Apoplexy

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 3

*Undertaker,* W Dippel

*Place of Business,* 5 Bond St

J H Latimer M. D., Medical Attendant.

*Address,* 28 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Rules below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60336 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

*Date of Death,* Oct 1 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Fraer

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland 33 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 315 N. Pratt St

*Cause of Death,* First, (Primary,) Great debility

Second, (Immediate,) Bronchitis

*Duration of Last Sickness,* 10 days I think I only saw her the last

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* Oct 2d 1882

*Undertaker,* John Meagher

*Place of Business,* 1150 Canton Ave

H. M. Hilson M. D., Medical Attendant.

*Address,* 257 Madison

**Extract from Regulations of the Board of Health to secure a true and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

12

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 60336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} J. Edward Bird.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 65 *Years,* 9 *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.} Married

*Occupation,* Merchant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} West River, Anne Arundel Co Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 243 Leidenhour Ave

*Cause of Death,* First (Primary,) Fatty Degeneration of Heart

Second (Immediate,)

*Duration of Last Sickness,* 10 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Oct 3/82

C. F. Brune M. D.
Medical Attendant.

*Undertaker,*

*Place of Business,* STEWART & HOWEN, UNDERTAKERS, 45 Park Ave.

*Address* Leidenhour & Canal

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.

Special Attention of ... of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60327 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emely Nickels

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 4 4 *Years,* *Months,* 2 2 *Days.*

*Color,* white

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany 27 years

*Duration of Residence in the City of Baltimore,* 27 Years

*Place of Death,* {Give street and number.} 308 Hanover St

*Cause of death,* First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

*Duration of Last Sickness,* 10 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept. 3 Fr 1882

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Sts *Address,* 76 Hanover

I H Surrey *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60838 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* ..... *Years,* 2 *Months,* 14 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Child

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} 1572 Aisquith

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 1572 Aisquith

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) Spasm

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial* Holy Cross

*Date of Burial,* Oct. 2d 1882

*Undertaker,* Coolahan & Evans

*Place of Business,* cor Valley & Eager Sts *Address,* 148 N. Eden st

D. Sheets M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully called to the Questions below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60339 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Justina Sheppard

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days,*

*Color,* Colored

*Married, Single, ~~Widow or Widower.~~* {Cross out the word not required in this line.}

*Occupation,* Driver

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Always

*Place of Death,* {Give street and Number.} 71 McCann Alley

*Cause of Death,* First, (Primary,)

Second, (Immediate) Phthisis Pulmonalis

*Duration of Last Sickness,* 2

All the above Information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* Oct 2 1882

*Undertaker,* William Aberger

*Place of Business,* No 62 Sarah Street

T. J. Bell M. D.,

Medical Attendant.

Coroner

*Address,* 161 E Pratt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Instructions on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60340 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Sept.~~ Oct. 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Kopikoski

*Sex, Male or ~~Female.~~* { Cross out the word not required in this line. }

*Age,* 5 *Years,* 6 *Months,* *Days,*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 244 S. Durham

*Cause of Death,* First, (Primary,) Spasm Paf

Second, (Immediate,)

*Duration of Last Sickness,* 4 days

All the above Information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Oct 2d 82

*Undertaker,* G. France

*Place of Business,* Bank & Wolfe *Address,* 117 S Broadway

R. W. Mansfield M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians ... back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60241 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 1st 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents, } Lewis Gibson

*Sex, Male or Female,* { Cross out the word not required in this line. } male

*Age,* — *Years,* 5 *Months,* — *Days,*

*Color,* colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and now long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* { Give street and Number. } 13. Little Second St

*Cause of Death,* First, (Primary,) Lockjaw

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* nearly all his life

All the above information should be furnished by the Physician.

*Place of Burial.* Laurel Cemetery

*Date of Burial.* October 2

*Undertaker.* A Kinnaird Jr

*Place of Business,* 32 North Liberty

G A Dohme M. D., Medical Attendant.

*Address,* 8 E Fayette Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60342 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2/82

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. S Sherer

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ... 10 *Months,* 8 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and Number. } 174 Eastern Av.

*Cause of Death,* { First, (Primary,) Inanition

Second, (Immediate,)

*Duration of Last Sickness,* 2 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Friendly Ch. Cemetery

*Date of Burial,* October 3rd 1882

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Av

R. M. Manspeil M. D.,
Medical Attendant.

*Address,* 117 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60345 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann M. Ward

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 73 *Years,* —— *Months,* —— *Days,*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.} Widow

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 797 W. Baltimore St

*Cause of Death,*
First, (Primary,) Chronic Bronchitis with General decline of age.
Second, (Immediate,) " "

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial* Green Mount cemetery

*Date of Burial.* Oct 2nd 1882

*Undertaker* Jos B Cook

*Place of Business* No 707 W Baltimore Street

Thomas Okie M. D.,
Medical Attendant.

*Address,* 39 N Carey St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

# Board of Health, City of Baltimore,

Permit No. 60344 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

*Date of Death,* Sept 30 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A Shearer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ~~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 122 Harlem Ave

*Cause of death,* First, (Primary,) Cardiac Dropsy

Second, (Immediate,) Apnoea

*Duration of Last Sickness,* 10 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Oct 3/82

*Undertaker,* J B Cook

*Place of Business,* 707 W Balto St *Address,*

*M. D.,*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... of this Certificate.

141

# Board of Health, City of Baltimore,

Permit No. 60345

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Francis Jubb

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 11 *Months,* 10 *Days.*

*Color,* White

~~*Married, Single,* Widow or Widower,~~ {Cross out the word not required in this line.} Infant

*Occupation,* ~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 14 S. Schroeder St

*Duration of Residence in the City of Baltimore,* 11 mo. 10 days

*Place of Death,* {Give street and number.} 14 S. Schroeder

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Leucapae

*Duration of Last Sickness,* 3 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet cemetery

*Date of Burial,* Oct 2nd 1882

*Undertaker,* Wm H. Cook

*Place of Business,* No 707 N Gilmor Street

L. L. Bitting M.D.,

Medical Attendant.

*Address,* 467 N. Fayette St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...this Certificate.

11

# Board of Health, City of Baltimore,

Permit No. 60346

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 1st

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry E. Anderson

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 82 *Years,* 6 *Months,* ——— *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,* Wood Turner

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 127 St. Paca

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.) about 5 months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Towns Cemetery

*Date of Burial,* Oct 3rd 1882

*Undertaker,* A. Rosenberger

*Place of Business,* 70 Mulberry St. *Address,* No. 2 Cathedral St.

I Hereby Certify, That I Attended Deceased from ——— to ——— and that I Last Saw Him Alive on ——— and that I Was Not Present at the Death, but Have Been Informed by ——— that Deceased Died at ——— o'clock ——— M., on the Date Stated Above, and that the Cause of Death was as Stated Above.

H. Tenbrink M.D.,

Medical Attendant.

Address, No. 2 Cathedral St.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... of this Certificate.

13

# Board of Health, City of Baltimore

Permit No. 60349

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 2 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 1st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Green

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* 8 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 12 Bartlett St.

*Cause of Death,* First, (Primary.) Teething

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* About 3 or 4 Months

**All the above information should be furnished by the Physician.**

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 3rd

*Undertaker,* 207 Columbia Ave

*Place of Business,* Andrew Knell *Address,* 298 S. Lombard St.

H. H. Hebner M.D.,

Medical Attendant.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians ... Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60348 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James O'Mullan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~; {Cross out the word not required in this line.}

*Occupation,* Physician

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md -

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and number.} St Josephs Hospital

*Cause of death,* First, (Primary,) Epithelioma of neck.

Second, (Immediate,) Exhaustion & Hemorrhage

*Duration of Last Sickness,* Eight Years

All the above information should be furnished by the Physician.

*Place of Burial,* Old James St

*Date of Burial,* Oct. 2 1882

*Undertaker,* Henry Nash

*Place of Business,* 217 N. Central Ave

S. O. G. Hoffman M. D.,
Medical Attendant

*Address,* St Josephs Hosp

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ... to the Certificate of the Undertaker.

# Board of Health, City of Baltimore.

Permit No. 60349 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

*Date of Death,* Sept 30 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olin Marks

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Jackson New Jersey

*Duration of Residence in the City of Baltimore,* 1 year

*Place of Death,* {Give street and Number.} 275 Cross st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Leadenhall

*Date of Burial,* Oct 2 1882

*Undertaker,* Armstrong Bros

*Place of Business,* 262 W Balt st

Thomas Corbe M. D., Medical Attendant.

*Address,* 116 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 60368 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 7.45 P.M. 30 Sept. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Driscoll

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 30 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 203 Edmondson Ave

*Cause of death,* First, (Primary,) Indigestion

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 26 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Lutheran Park Cem

*Date of Burial,* Octo 2nd 1882

*Undertaker,* M A Daiger

*Place of Business,* 74 S. Paca

Wm Jackson Evans M. D.,
Medical Attendant.

*Address,* 149 N. Fulton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Att...

# Board of Health, City of Baltimore,

Permit No. 60357 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza J Cowen

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days.*

*Color,* W

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* NV

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maine & Va

*Duration of Residence in the City of Baltimore,* 40 yrs

*Place of Death,* {Give street and number.} N. 57 Saratoga st

*Cause of death,* First, (Primary,)

Second, (Immediate,) Bronchitis

*Duration of Last Sickness,* 2 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Oct 3

*Undertaker,* C H Blizzard

*Place of Business,* 198 Pen ave

J Sutton *M. D.,*

Medical Attendant.

*Address,* 28 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention

# Board of Health, City of Baltimore,

Permit No. 60352 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 2 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Lee Franklin

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 3 1/2 Months, Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Nursery & Child's Hospital

*Cause of Death,* First, (Primary,) Mal. Nutrition

Second, (Immediate,)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 2

*Undertaker,* C. H. Blizzard

*Place of Business,* 198 Penna Ave

C. E. Brown, M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physi...

# Board of Health, City of Baltimore,

Permit No. 60353 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 21 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1 / 92

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lil M. Brown

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ..... *Years,* 2 *Months,* ..... *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and Number. } 257 Cross

*Cause of Death,* { First, (Primary,) Hydrocephalus

Second, (Immediate,) .....

*Duration of Last Sickness,* .....

All the above Information should be furnished by the Physician.

*Place of Burial,* Sharp st cemetery

*Date of Burial.* October 21 1892

*Undertaker,* H Ross

*Place of Business,* 95 Conway st

W S Booze M. D., Medical Attendant.

*Address,* 210 Sharp st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# 16 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60354

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Wilson

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* Negro

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Servant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} North Carolina

*Duration of Residence in the City of Baltimore,* 14 Years

*Place of Death,* {Give street and number} 237 ~~about 3 months~~ Eutaw St.

*Cause of Death* First, (Primary,) Acute Phthisis

Second, (Immediate,)

*Duration of last Sickness,* about 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* October 2 1882

*Undertaker,* H Ross

*Place of Business,* 95 Conway

Marbury Brune M. D.
Medical Attendant.

*Address,* 68 N. Carroll St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 60355 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian A Adams

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Delaware

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and Number.} Fort of one in Rode

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Drowned

*Duration of Last Sickness,* —

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial.* Oct 3 1882

*Undertaker,* Jas. C. J. Chas

*Place of Business,* 95 Strand

H. Comery M. D.,
Medical Attendant.

*Address,* Corona

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The special Attention ... ...der of the ...

# Board of Health, City of Baltimore,

Permit No. 60356 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 12 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amelia Sams

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* Black 56 *Years,* ... *Months,* ... *Days,*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Nurse

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt Co

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* { Give street and Number. } 71 Williams Alley

*Cause of Death,* First, (Primary,) ...

Second, (Immediate,) Paralysis & Old Age

*Duration of Last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* Charity

*Date of Burial,* Oct 2

*Undertaker,* W R Dungee.

*Place of Business,* ...

Dr W Beel M. D.,

Medical Attendant.

*Address,* Coroner Office 181 E Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully directed to the Rules and Regulations printed below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 6085 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

*Date of Death,* Oct 2nd, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Vogel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* 9 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} # 260 Alice Anna St

*Cause of Death,* First, (Primary.) Diphtheritic croup.

Second, (Immediate,)

*Duration of Last Sickness,* Two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery.

*Date of Burial,* Oct 3rd 1882

*Undertaker,* Wm. Nicholas

*Place of Business,* 255 Aisquith St

John L. Kelbergen M. D., Medical Attendant.

*Address,* 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Rules of Practice on Back of this ...

# Board of Health, City of Baltimore,

Permit No. 60368 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 2 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Howen

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* ... *Months,* ... *Days,*

*Color,* White

*~~Married, Single,~~ Widow or ~~Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland (Annapolis)

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* {Give street and Number.} 17 North St

*Cause of Death,* First, (Primary,) Old age

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician

*Place of Burial,* Baltimore Bur.

*Date of Burial,* Oct 3 1882

*Undertaker,* Wm H Hobbs Jr Mon

*Place of Business,* 234 N Gay St

Geo Stevens M. D., Medical Attendant.

Address, 171 N. Calvert

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Memoranda below, and to List of Diseases on Back of this.

# Board of Health, City of Baltimore,

Permit No. 60359 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 2nd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta Mitchell

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 80 *Years,* *Months,* *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and Number. } 233 E. Pratt

*Cause of Death,* First, (Primary,) Senile decay

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* Several months

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 4th 82

*Undertaker,* Denny & Mitchell

*Place of Business,* 68 & Broadway Address.

R. L. Whitten M. D.,
Medical Attendant.
76 E. Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

16

Permit No. 60860

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Berry

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 11 *Months,* 15 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Whole Life

*Place of Death,* {Give street and number.} # 41 Elbow Lane

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* One day

**All the above information should be furnished by the Physician.**

*Place of Burial,* Bapt St Cem

*Date of Burial,* Oct 2 1882

*Undertaker,* Herein, Rear

*Place of Business,* 15 Conway St

R. L. Smith *M.D.,*

Medical Attendant.

*Address,* 178 S. Eden

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

# Board of Health, City of Baltimore,

Permit No. 60361 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma E Iveen

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 7 *Months,* *Days,*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 56 Perry St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Chol. infant.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Oct 3

*Undertaker,* H Ross

*Place of Business,*

Geo. W. Downes M. D.,

*Address,* [redacted]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of

# Board of Health, City of Baltimore,

Permit No. 60362 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 3 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Minnin

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* *Months.* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} Main Row Light St Extended

*Cause of death,* First, (Primary,) Impure drainage, & noxious odors from
Second, (Immediate,) too adjacent filling up marshes — Dysentheria

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Oct 3/92

*Undertaker* Cumberland

*Place of Business,* 263 Light St

A. M. Hodge M. D.,
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

# Board of Health, City of Baltimore,

Permit No. 60363 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 2/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo E. Mabbett

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and Number.} 162 S Central ave

*Cause of Death,* First, (Primary,) Spasm Bot

Second, (Immediate,)

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* N. O. Carmel

*Date of Burial,* October 3rd

*Undertaker,* M. Hunt

*Place of Business,* 85 Bank

R. W. Mansfield M. D.,
Medical Attendant.

*Address,* 117 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians to Compliance

# Board of Health, City of Baltimore,

Permit No. 60364 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 2, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cynthia McMartinet

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* + Co life

*Place of Death,* {Give street and number.} Blair Road near Washington Av.

*Cause of death,* First, (Primary,) Typhoid fever

Second, (Immediate,) Perforation

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Cemetery

*Date of Burial,* Oct 4. 1882

*Undertaker,* John W Jackson

*Place of Business,* Cor Bay & Gardner

J W White, M. D.,
Medical Attendant.

*Address,* 347 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60365 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH OCT 3 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2/92

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary P. Higby

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 5 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and Number.} 212 South St

*Cause of Death,* First, (Primary,) Cyanosis

Second, (Immediate,)

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bolton Cemetery

*Date of Burial,* Oct 4th 1892

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

R. W. Mansfield M. D., Medical Attendant.

*Address,* 1175 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of th...

# Board of Health, City of Baltimore,

Permit No. 60866 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 1st, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Crosby

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 44 *Years,* ... *Months,* ... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* At Home

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give street and Number.} 1116 East St.

*Cause of Death,* First, (Primary,) ...

Second, (Immediate,) Dysentery

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* Oct 4th 82

*Undertaker,* G. Franc

*Place of Business,* Franck & Wolf *Address,* ...

... Physician M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Blanks Below, and to Rule 10 printed on Back.

# Board of Health, City of Baltimore,

Permit No. 60367 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 3 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 2nd 1892 Sunday

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Small

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 11 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 1216 E Lanvale St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul's Cem

*Date of Burial.* Oct 3 1892

*Undertaker,* G. Thomas

*Place of Business,* 1 Bank St

M. D., Medical Attendant.

*Address,* 1216 E Lanvale St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this C...

10.

# Board of Health, City of Baltimore,

Permit No. 60368

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Beverly

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 0 *Years,* Five *Months,* 0 *Days.*

*Color,* Light Coffee

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 5 months

*Place of Death,* {Give street and number.} 140 Harmony Lane

*Cause of Death,* First, (Primary.) Unknown

Second, (Immediate.) Convulsion

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Oct 3rd 1882

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard St *Address,* Cor Druid Hill ave & Dolphin st

B F Bohn *M.D.,*

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60369 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Alvetus Henson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days,*

*Color,* C.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} No. 150 Lane Street

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shark Haven

*Date of Burial,* Oct 3rd/82

*Undertaker,* Alex Hendley

*Place of Business,* 116 Orchard

C. M. Wells M. D.,
Medical Attendant.

*Address,* 80 & 82 Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attendant

# Board of Health, City of Baltimore,

Permit No. 60370 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter Sylvester Davis

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* Two *Years,* *Months,* Six *Days,*

*Color,* Negro

*~~Married, Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and Number. } 334½ N Howard

*Cause of Death,* First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Atelectasis

*Duration of Last Sickness,* Abour five months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Oct 2nd 1882

Wm A Wade M. D., Medical Attendant.

*Undertaker,* Alex Hemsley

*Place of Business,* 116 Orchard St *Address,* 152 N Charles St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

# Board of Health, City of Baltimore,

Permit No. 6037 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 2nd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Timothy Kelly

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 23 *Years,* *Months,* *Days,*

*Color,* White

*~~Married~~, Single, Widow or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* Two (2) Years.

*Place of Death,* { Give street and Number. } 186 McHenry st

*Cause of Death,* { First, (Primary,) Typhoid Fever
Second, (Immediate,) Three (3) weeks.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Oct. 3rd 1882

*Undertaker,* Matthew Cadden

*Place of Business,* 227 Aisquith St

J. L. Klein M. D., Medical Attendant.

Address, 387 W. Conton st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully

# Board of Health, City of Baltimore,

Permit No. 60872 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 1, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Stewart

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 101 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} S. W cor Ann & Biddle Sts

*Cause of death,* First, (Primary,) Age

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto

*Date of Burial,* Oct 4

*Undertaker,* W Kuhnau

*Place of Business,*

W W Wate Jno, M. D.,
Medical Attendant.

*Address,* 316 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

# Board of Health, City of Baltimore,

Permit No. 60373 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2d — 1882.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph —

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* — *Years,* — *Months,* 1 *Days,*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto City.

*Duration of Residence in the City of Baltimore,* Life —

*Place of Death,* { Give street and Number. } St. Vincent's Infant Asylum.

*Cause of Death,* First, (Primary.) Marasmus.

Second, (Immediate,)

*Duration of Last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae.

*Date of Burial,* 3d Oct. 1882.

*Undertaker,* Pat. Hunt.

*Place of Business,* Orain & Townsend.

R. Mc. Goldsmith, M. D.,
Medical Attendant.

*Address,* Herbert, Calhoun Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention

# Board of Health, City of Baltimore,

Permit No. 60374 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Meagher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Labor Superintendent

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 48 years

*Place of Death,* {Give street and Number.} 441 E. Eager St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Paralysis

*Duration of Last Sickness,* 3. Years

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Oct 4th 1882

*Undertaker,* Coolahan & Evans

*Place of Business,* Eager & Valley. *Address.*

Geo Brooke Boyle M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1

# Board of Health, City of Baltimore,

Permit No. 60375

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Newton

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 48 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} # 8 Boyer St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Eight weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 3 1882

*Undertaker,* J. J. Lee

*Place of Business,* # 73 Jefferson

James J. Bell M.D.,
Medical Attendant.

*Address,* 134 N Exeter St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 60

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 17 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 60376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 2 nd. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Keys

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Silver Plater

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Cork Ireland

*Duration of Residence in the City of Baltimore,* 35 yrs

*Place of Death,* {Give street and number} 101 Gorsuchs Alley.

*Cause of Death* First, (Primary,) Chronic Bronchitis.

Second, (Immediate,) Acute Bronchitis & Pneumonia.

*Duration of last Sickness,* 10 months

**All the above information should be furnished by the Physician.**

*Place of Burial,* Holy Cross

*Date of Burial,* Oct 4th

*Undertaker,* W F Curran

*Place of Business,*

Geo L. Brewer M. D.
Medical Attendant.

*Address,* 136 Park Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

P.M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 30th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj R. Yost

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 49 *Years,* 11 *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower;~~* {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Hagerstown Washington Co Md.

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* {Give street and number} Lindenave near Baltimore

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.)

*Duration of last Sickness,* Eighteen days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Tuesday Oct 3-

James A. Techtig M. D.
Medical Attendant.

*Undertaker,* J. H. M. [illegible]

*Place of Business,* [illegible] *Address,* 182 Saratoga St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

Permit No. 60378 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 1st Oct 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Welsh

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 6 *Years,* *Months,* *Days,*

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ball

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 43 Hull st

*Cause of Death,* First, (Primary,) Diptheria

Second, (Immediate,)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters, Ce

*Date of Burial.* Oct 3 1882

W. W. Welsh M. D.,
Medical Attendant.

*Undertaker,* C F Krouse

*Place of Business,* 209 Hanover Address, 51

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special ... Physicians is respectfully invited to the Remarks Below, and to Rules of Direction on ...

# Board of Health, City of Baltimore,

Permit No. 60379 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Miller

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* 5 *Months,* — *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 526 S. Sharp St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Pulmonary Tuberculosis

*Duration of Last Sickness,* 15 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Mound Oliver Cem

*Date of Burial,* Sept. 5th 1882

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Sts

R. J. H. Tall M. D., Medical Attendant.

*Address,* 152 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 60880 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 2d 1882,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen McCaffrey

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* Sixty five *Years,* —— *Months,* —— *Days.*

*Color,* White

*Married, Single,* Widow ~~or Widower.~~ {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Three years

*Place of Death,* {Give street and Number.} 304 Ramsey st

*Cause of Death,* First, (Primary,) Cancer of mouth & throat

Second, (Immediate.)

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial* London Park Cemetery

*Date of Burial,* Oct 4th 1882

*Undertaker,* Hoffman & Cook

*Place of Business,* No 707 N Baltimore Street

Wm M. D.
Medical Attendant.

*Address,* 584 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST OF DISEASES [illegible]

14

# Board of Health, City of Baltimore,

**Permit No.** 60384

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo M Boice

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* in his 67th *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Painter

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Winchester Virginia

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number.} 29 E Mt Henry St / Bilious Malarial fever

*Cause of Death,* First (Primary,) / Second (immediate,) / Congestion Chill

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician

*Place of Burial,* Western cemetery

*Date of Burial,* Oct 3rd 1882

*Undertaker,* Wm. R. Cook

*Place of Business* 1010 W Baltimore Street

*M. D.*
Medical Attendant.

*Address* Calvin Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule 9 [illegible]

# Board of Health, City of Baltimore,

Permit No. 60382 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Manuel Young

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* *Days,*

*Color,* Mulatto

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} 264 Hanover St.

*Cause of Death,* First, (Primary,) Phthisis pulm

Second, (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp st Cemetery

*Date of Burial,* October 3 1882

*Undertaker,* W. Ross

*Place of Business,* 15 Conway st

Wm Gouley M. D.,
Medical Attendant.

*Address,* 1708 S. Sharp st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

# Board of Health, City of Baltimore,

Permit No. 60383 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 3 October 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Pinegold

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* ..... *Years,* 7 *Months,* — *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} Hanover Street 3

*Cause of death,* First, (Primary,) Pneumonia

Second, (Immediate,) Difficulty of breathing

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lamb Cemetery

*Date of Burial,* Oct 4th 1882

*Undertaker,* G H Perkins

*Place of Business,* Hennelle 27

L. E. Berkson M. D.,
Medical Attendant.

*Address,* 224 West Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60384 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 31 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2nd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Coleman Stephen Kain

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 4 *Years,* 7 *Months,* 11 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Time

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and Number. } 384 Bank Street

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem'y

*Date of Burial,* Oct 4th 82

*Undertaker,* G. Frame

*Place of Business,* Bank & Wolf *Address,* 68 S. Broadway

Chas. D. Fisher M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60385 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E Schumann

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 6 *Months,* 1 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 210 S Charles St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 3 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Oct 4th

*Undertaker,* P. F. Lowe

*Place of Business,* 131 Hanover

Signed Cor Lo M. D., Medical Attendant.

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60386 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 2d October 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Wiesner

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 8 *Days,*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* during Lifetime

*Place of Death,* {Give street and Number.} Burke Street Nr. 51

*Cause of Death,* First, (Primary.) Hydrocephalus Chronicus

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 4 Days.

All the above Information should be furnished by the Physician.

*Place of Burial,* St Paul Cem

*Date of Burial,* Oct. 3 1882.

*Undertaker,* L. Ritz

*Place of Business,* 129 N. Broadway

William Hinzel M. D., Medical Attendant.

*Address,* S. Wolfert's Wf

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer

# Board of Health, City of Baltimore,

Permit No. 60387 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

*Date of Death,* October 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Jones

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4/7 *Years,* 4 *Months,* 5 *Days,*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Painter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Thirty eight years

*Place of Death,* {Give street and Number.} 212 Eutaw Avenue

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmell Cimetery

*Date of Burial,* Oct 4 1882

Charles L. Bartlett, M. D., Medical Attendant.

*Undertaker,* James McGinnis & Co

*Place of Business,* 143 Bowman *Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 60388

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# 20 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 2d October 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Keagy

*Sex, Male or ~~Female~~* {cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Builder

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Gettysburg Pa

*Duration of Residence in the City of Baltimore,* Sixty five years

*Place of Death,* {Give street and number} 194 Mosher St.

*Cause of Death,* First, (Primary) Inflammation & Bladder - Retention & suppression of urine

Second, (Immediate,) Peritonitis (Suppression from Ulceration.)

*Duration of last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Oct 4th 1882

N. N. Littell, M. D.
Medical Attendant.

*Undertaker,* John E. Haugh

*Place of Business,* Penn Av. *Address,* 300 N. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DILLANT & CO., CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

10

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Not named name of parents

*Sex, Male or Female,* {Cross out the word not required in this line.} Robert & Mary Franklin

*Age,* ten minutes *Years,* *Months,* *Days.*

*Color,* Mulatto *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 24 Rich St Balto. Md.

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number.} 24 Rich St

*Cause of Death,* First (Primary,) don't know – but child born Se-

Second (Immediate,) vere Anaserca

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Oct 3rd 1882

*Undertaker,* Alex Kennedy

*Place of Business,* 116 Orchard St

L. K. Turner M. D.
Medical Attendant.

*Address* 209 W. Biddle St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60390 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 30, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Roycroft

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 7 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore dist

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give street and Number.} 4 288 S. Dallas Sr.

*Cause of Death,* First, (Primary,) Trismus Nascentium

Second, (Immediate,)

*Duration of Last Sickness,* 7 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Lemadon

*Date of Burial,* October 4 th 1882.

*Undertaker,* Leonhard Kurrs

*Place of Business,* 227 S. Broadstreet

John H. Ruhlberger M. D., Medical Attendant.

*Address,* 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60391 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH

*Date of Death,* Oct 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah H Merrill

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 72 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* ~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} State of Maine

*Duration of Residence in the City of Baltimore,* 1 year

*Place of Death,* {Give street and Number.} 134 N Broadway

*Cause of Death,* First, (Primary,) ?

Second, (Immediate,) Marasmus

*Duration of Last Sickness,* .....

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Oct 4th 1882

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway

I, D W Cathell M. D., Medical Attendant.

Address, 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60392 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 3, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Dougherty

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* / *Months,* *Days.*

*Color,* White

*Married, ~~Single,~~ ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* from birth

*Place of Death,* {Give street and number.} 9 N. Exeter Street

*Cause of death,* First, (Primary,) Nephritis (Chronic)

Second, (Immediate,)

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 5. 1882

*Undertaker,* Thos S Hughes

*Place of Business,* 60 & Bacon St

C. H. Thomas M. D.,
Medical Attendant.

*Address,* 66 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians [illegible] this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60393 *Office of Registrar of Vital Statistics.* Ward 1 & 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 3rd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Hutchins

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* 6 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 5 since birth

*Place of Death,* {Give street and number.} 5-1 N Ford St

*Cause of death,* First, (Primary,) Dysentery

Second, (Immediate,) —

*Duration of Last Sickness,* ~~0~~ 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem'y

*Date of Burial,* Oct 4th 1892

*Undertaker,* Sam'l M Chase

*Place of Business,* 13 S Howard St

H. F. Dill M. D.,
Medical Attendant.

*Address,* 443 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# 15 Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Williams

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 25 *Years,* 9 *Months,* 7 *Days.*

*Color,* col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* housemaid

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Somerset Co. Md.

*Duration of Residence in the City of Baltimore,* about sixteen years

*Place of Death,* {Give street and number} 1w 191 Hughes St.

*Cause of Death,* First, (Primary,) Tuberculer Laryngitis

Second, (Immediate,) Asthenia

*Duration of last Sickness,* about six months

All the above information should be furnished by the Physician.

*Place of Burial,* Wash. M. Cemetery

*Date of Burial,* Oct 4th 1882

*Undertaker,* [illegible]

*Place of Business,* [illegible]

W. C. Sandrock M. D.
Medical Attendant.

*Address,* 227 Hanover st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

Permit No 60395 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## Oct. CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3rd. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parent.} John Draper

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 56 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Steward

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 33 Years

*Place of Death,* {Give street and Number.} 348 Canton Avenue

*Cause of Death,* First, (Primary,) Small Pox

Second, (Immediate.)

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Sept. 4th

*Undertaker,* Kendall Dyer

*Place of Business,* S. Bond st. 151

Edward E. Donnelly M. D., Medical Attendant.

*Address,* 299 E. Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60396 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death;* Oct 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha L. Spriggs

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months,* — *Days,*

*Color,* ed

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 321 S. Howard St

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Small Pox

*Duration of Last Sickness,* 7 day's

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* Oct 1/82

*Undertaker,* F. A. Kirchner

*Place of Business,* 50 S. Carroll St

Geo. F. Brown M. D.,

~~Medical Attendant.~~ Bd of Health

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo F Brown
Physician

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60397 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 2d 188[illegible]

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna McArtuliffe

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* Six *Months,* ~~—~~ *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and Number.} 168 Druid Hill Ave

*Cause of Death,* First, (Primary,) Croup

Second, (Immediate,) Convulsions fol. by Entero-Colitis

*Duration of Last Sickness,* About Six days

All the above information should be furnished by the Physician.

*Place of Burial* St Peters Cemetary

*Date of Burial,* Oct 4th 1882

*Undertaker,* Deiteride. Wiegand

*Place of Business,* 166 Druid Hill Ave *Address,* 262 Madison Ave

Elias C Price M.D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60898 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 3rd 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles N. Wade

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 10 *Years,* — *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Ohio

*Duration of Residence in the City of Baltimore,* 4 months

*Place of Death,* { Give street and Number. } 278 Cross St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 5 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Cedarhill Cemetery

*Date of Burial.* Oct 4 82

*Undertaker,* Ansley & Denny

*Place of Business* 1263 W. Balto St

Thos Lore Orr & M. D.,
Medical Attendant.

*Address,* 146 Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60399 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Hirsh

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* 3 *Months,* — *Days,*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Vermont

*Duration of Residence in the City of Baltimore,* 46 Years

*Place of Death,* {Give street and Number.} 65 Balt ore

*Cause of Death,* First, (Primary,) Hypertrophy of the Heart

Second, (Immediate,) Asthma & Bronchitis

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 5 82

*Undertaker,* Andrew & Dorsey

*Place of Business,* No 263 Lytle

*By* Benone Cox M. D.,
Medical Attendant.

*Address,* 146 Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60400 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* October 2d 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Dressel,

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 7 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 48 Montgomery St.

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Tetanus (Infantile)

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. A. Asylum Cemet

*Date of Burial,* Oct 6th

*Undertaker,* B. Hurle

*Place of Business,* 82 West Pt

R. L. H. Tate M. D.,
Medical Attendant.

*Address,* 15 28 May St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60101 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* 4th Oct 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Jordan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* —— *Months,* 12 *Days,*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and Number.} 43 Covington St

*Cause of Death,* First, (Primary,) Scrofulosa

Second, (Immediate,) Diphtheria

*Duration of Last Sickness,* 5 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oktober 5

*Undertaker,* B. Hank

*Place of Business,* 82 West St.

Thomas Cole M. D.,
Medical Attendant.

*Address,* 116 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 60402

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Lee

*Sex, Male or Female,* {cross out the word not required in this line.} F.

*Age,* — *Years,* 8 *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S.

*Occupation,* Nil

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 55 Union St.

*Cause of Death* First, (Primary,) Opisthotonos

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemty

*Date of Burial,* Oct 4th 1882

Eugene F. Cordell M. D.
Medical Attendant.

*Undertaker,* Edward Mason

*Place of Business,* 13 Hamilton *Address,* 125 N Charles St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be t ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60409 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

1882

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 3, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida E. Stuart

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days,*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Lady

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 54 N. Carrollton Ave

*Cause of Death,* First, (Primary,) Heart disease

Second, (Immediate,) Typhoid Fever

*Duration of Last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 5th

*Undertaker,* Meeth & Shilds

*Place of Business,* 60 N Carrollton Ave

J. Thos Hood M. D.,
Medical Attendant

*Address,* 322 Hollins St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible] of this Card.

# Board of Health, City of Baltimore,

Permit No. 60784 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 1882 MD.

## CERTIFICATE OF DEATH.

*Date of Death,* 4th October 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Lenhitt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 17 *Years,* — *Months,* — *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Nurse

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Six months

*Place of Death,* {Give street and Number.} 57 Duxbury Alley

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) & Cramps

*Duration of Last Sickness,* Two weeks

All the above Information should be furnished by the Physician.

*Place of Burial* Holy Cross Cem

*Date of Burial,* Oct. 4 1882

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Baltimore St. *Address.*

C. H. Jones *M. D.,*

Medical Attendant.

John Foulke

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60765 *Office of Registrar of Vital Statistics.* OCT 4 1882 Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 2nd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Taylor

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* {Cross out the word not required in this line.}

*Occupation,* Surveyor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 38

*Place of Death,* {Give street and number.} St Josephs Hospital

*Cause of death,* First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Oct 4th 1882.

*Undertaker,* James O Byrne

*Place of Business,* No 63 N Front St

S. O. G. Goodman M. D.,
Medical Attendant.

*Address,* St Josephs Hosp

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 60406 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT [illegible] 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 3rd 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Coleman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Eighty-one *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Sailor

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* His lifetime

*Place of Death,* {Give street and number.} 94 Amberg St

*Cause of death,* First, (Primary,) Intermittent Fever

Second, (Immediate,) Congestion of Lungs

*Duration of Last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Oct 4th 1882

*Undertaker,* Armstrong & Deny

*Place of Business,* 263 Light St

Silas Dall M. D.,

Medical Attendant.

*Address,* Southern Dispensary

## *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Memoranda below, and of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60407 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* October 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Schenka

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 23 *Years,* ..... ~~*Months,*~~ ..... ~~*Days,*~~

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} No 420 Canton Ave

*Cause of Death,* First, (Primary,) Variola

Second, (Immediate,) .....

*Duration of Last Sickness,* — One day —

All the above information should be furnished by the Physician.

*Place of Burial* Trinity Cem

*Date of Burial,* Oct. 4 1882.

*Undertaker,* H. Sander Son

*Place of Business,* 252 Caroline

Certified by Thomas R. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 20408

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

*Permit No.* 60408

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 3 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ida Rouse

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 6 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 102 Preston St

*Cause of Death* { First, (Primary,) Convulsions from Scarlet fever
Second, (Immediate,) .....

*Duration of last Sickness,* 7 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 4th 1882

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

Marbury Brown M. D.
Medical Attendant.

*Address,* 68 McCulloh St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 6074/89 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 3rd 1889

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Williams

*Sex,* ~~*Male*~~ *or Female,* { Cross out the word not required in this line. } Female

*Age,* 58 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. } Widow

*Occupation,* ____

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balto Co. Md

*Duration of Residence in the City of Baltimore,* 1 Year

*Place of Death,* { Give street and Number. } 267 Forest St

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.) ____

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Mt E Cemetery Balto Co

*Date of Burial,* Oct 4th

*Undertaker,* H C Hildebrand

*Place of Business,* 90 Greenmount Ave

Silas N Hunter M. D.,
Medical Attendant.

*Address,* 36 Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60410 *Office of Registrar of Vital Statistics.* Ward 18

OCT 1882

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Octob 3rd 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Joanna Poland.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 49. *Years,* *Months,* *Days.*

*Color,* White.

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give street and number.} 216. W Fayette St.

*Cause of death,* First, (Primary,) Fungus Hæmatodes, Left

Second, (Immediate,) Hæm, Exhaustion,

*Duration of Last Sickness,* Six Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cem'y

*Date of Burial,* Oct 5th 1882

*Undertaker,* J Emmert Mitchell

*Place of Business,* 550 W Fayette St

John I. A. Boyd M. D.,
Medical Attendant.

*Address,* 273. W Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OCT 4 1882

Permit No. 6811 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Doud

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* ..... *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 181 S Washington St

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Smallpox

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Oct 2

*Undertaker,* Mr Colman

*Place of Business,* .....

Louis N. Dennis M. D.,

~~Medical Attendant~~

*Address,* Bd of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

M. D. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 6041 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 4 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Upton Short

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~ Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cabinet maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia 4 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Union Protestant Infirmary

*Cause of Death* {First, (Primary,) Consumption

Second, (Immediate,) one year

*Duration of last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* October 5th 1882

*Undertaker,* Wm. Weaver

*Place of Business,* No 202 N. Gilmor St

H. Fawcett *M. D.*
Medical Attendant.

*Address,* 92 Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 64713 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 4 1882 CITY

## CERTIFICATE OF DEATH.

*Date of Death,* October 5 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Eschrich

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 71 *Years,* 6 *Months,* 21 *Days,*

*Color,* White

*Married,* ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 49 years

*Place of Death,* {Give street and Number.} 13 Ringgold st

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Prostration

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Oct. 6th

*Undertaker,* Julius Kohler

*Place of Business,* Sharp & Green Address, 166 S. Paca st

D. L. Buddenbohn M. D.,
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

9

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60414 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 3d 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Lewis

*Sex, Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* —— *Years,* 5 *Months,* —— *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} 59 Chestnut Alley

*Cause of Death,* First, (Primary,) ——

Second, (Immediate,) Asthenia

*Duration of Last Sickness,* 2 Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Daniel Comfort

*Date of Burial,* Oct 4th 1882

*Undertaker,* H. J. Gray

*Place of Business,* 66 Mulberry

Geo. H. Denson M. D.,

~~Medical Attendant.~~

Address, Bd. of Health

OCT 4 1882 HEALTH DEPARTMENT BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Emanuel Weinman

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 6074/5 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Octr 4 —

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* ..... *Years,* ..... *Months,* ..... *Days,*

*Color,* Blk

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 20 Wilkes St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial.* October 5th 1892

R. M. Ellis M. D.,

Medical Attendant.

*Undertaker* Hercules Ross

*Place of Business,* 96 Conway St *Address,* 313 Light St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {over.}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60416 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 3. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Polenia Snead

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* *Months,* 10 *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and Number.} 263 Fremont St

*Cause of Death,* First, (Primary,) Diptheria

Second, (Immediate,) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial* October 5th 1882

*Undertaker* Hercules Ross

*Place of Business,* 95 Conway St

C. W. Boze M. D.,
Medical Attendant.

*Address,* 210 Slaper St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 96417 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OCT 5 1892

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 4th 1892

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Peter Cordinskey

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 4 *Years,* 6 *Months,* *Days,*

*Color,* W.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and Number. } 99 Stevens near Monument

*Cause of Death,* First, (Primary,) Cerebral Meningitis

Second, (Immediate,) Effusion

*Duration of Last Sickness,* Eight days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Oct 6

*Undertaker,* Geo Engel

*Place of Business,* 1 Broadway

J. L. Whitten M. D.,
Medical Attendant.

*Address,* 99 E. Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60418 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 5th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Losbach

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 9 *Years,* 8 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* Born

*Place of Death,* {Give street and number.} No 238 Montgomery St

*Cause of death,* First, (Primary,) Typhoid fever

Second, (Immediate,)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 6 1892

*Undertaker,* L F Tennis

*Place of Business,* 209 Hanover *Address,* 151 Hanover St

H C Busch *M. D.,*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT 6 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ann Smith

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 79 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 155 Lt Paul Street

*Cause of Death* First, (Primary,) Chronic Congestion of the Liver

Second, (Immediate,) Hemorrhage from Stomach

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 6th Oct. 1882

*Undertaker,* Henry W. Dutton & Son

*Place of Business,* 45 N. Charles, *Address,* 38 Mt Vernon Place

Jas. L. Lloyd Mustin M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 60420 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 3 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Hammel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* *Months,* 13 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Baltimore

*Place of Death,* {Give street and number.} 189 N. Bethel St

*Cause of death,* First, (Primary,)

Second, (Immediate,) Pneumonia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Emanuel Cemetery

*Date of Burial,* October 5th

*Undertaker,* Fred Goede

*Place of Business,* 29 S. Caroline St *Address,* 137 Aisquith St

H. H. Goode *M. D.,*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

for Burials, to the [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 6874/21 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Hines

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* ——— *Months,* Three & one Days.

*Color,* [illegible]

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Infant

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 1020 N. Durham

*Cause of death,* First, (Primary,) Marasmus

Second, (Immediate,) ———

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 6th 1882

*Undertaker,* J. H. Fooks

*Place of Business,* 173 Jefferson

Whitefield Winsey M. D.,
Medical Attendant.

*Address,* 1162 Eutaw Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore, 1882

Permit No. 60422 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 4. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Schroder

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 Weeks *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} Nursery & Child's Hospital

*Cause of Death,* First, (Primary,) Mal-Nutrition

Second, (Immediate,) .....

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park

*Date of Burial.* Oct 5

*Undertaker,* C H Bygard

*Place of Business,* 198 Penn ave

C. J. Bram M. D.,
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...to the Remarks below, and to List of Diseases on back of this Certificate.

20

# Board of Health, City of Baltimore,

Permit No. 60423

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1892 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 4th 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William G Henderson

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.} Male

*Age,* 43 *Years,* 9 *Months,* 15 *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Merchant

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Frederick Maryland

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give street and number.} 262 Myrtle Ave

*Cause of Death,* First (Primary,) Phthisis Pulmonalis,

Second (Immediate,)

*Duration of Last Sickness,* Two months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 5

*Undertaker,* C H Blizzard

*Place of Business,* 178 Penn av

[illegible] (M. D.)
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 60724 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 5 1882 BALTIMORE

*Date of Death,* Oct 2 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Horace Kelly

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 4 *Years,* 2 *Months,* 14 *Days,*

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and Number. } 53 Hull

*Cause of Death,* First, (Primary,) Diptheria

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem } by

*Date of Burial.* Oct 5 1882 } H. W. Nebelef M. D.,

Medical Attendant.

*Undertaker,* C. F. Krause }

*Place of Business,* 209 Hanover } *Address,* 57 Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60425 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 5/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Burks

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* — *Months,* — *Days,*

*Color,* cd

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Labrer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and Number.} 76 Orchard St

*Cause of Death,* First, (Primary,) Small Pox

Second, (Immediate,)

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas St Cemetery

*Date of Burial,* Oct 5th 1882

Geo. H. Emm M. D.,

Medical Attendant

*Undertaker,* J J Locke

*Place of Business.* 473 Jefferson *Address,* Comr Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Brown

# Board of Health, City of Baltimore,

Permit No. 60426 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 5 1882 BALTIMORE

*Date of Death,* Oct 4/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Connor Grant

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* — *Months,* — *Days,*

*Color,* ed

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and Number.} 145 York St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Scrofula Fat

*Duration of Last Sickness,* 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. Cemetery

*Date of Burial,* Oct 5/82

*Undertaker,* F. A. Kershner

*Place of Business,* 50 E. Carroll Ma

Chas. G. Brown M. D.,

~~Medical Attendant~~

*Address,* Com of Health

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Chas. G. Brown Inspector

Board of Health, City of Baltimore,

Permit No. 6042 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 5 1882 BALTIMORE

*Date of Death,* October 5th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Haglund

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~Years~~, 11 *Months,* ~~Days~~,

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and Number.} No 240 Aliciana & Ann L

*Cause of Death,* First, (Primary,) Croup (Chronic)

Second, (Immediate,)

*Duration of Last Sickness,* 48 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Oct 6 1882

*Undertaker,* H. Sanger Son

*Place of Business,* 222 Eastern Ave

Thomas J. Evans M. D.,
Medical Attendant.

Address, 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60728 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 5 1882 BALTIMORE

*Date of Death,* Oct. 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Goos

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 1 *Months,* ..... *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and Number.} Luzerne Street bet. Albee Ann & Lancaster

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Spasms

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Michael's Cemetery

*Date of Burial.* Oct. 5th 1882

*Undertaker,* Lehman France

*Place of Business,* Bank & Holliday Sts.

Geo. W. Dunn M. D.,
Attending Physician.

Address, City Health Office

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 60729 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 5 1882 BALTIMORE

*Date of Death,* 4th October 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} August Kärmer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* — *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

*Occupation,* ~~Occupation~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* {Give street and Number.} S. Bethel St. 169

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate,) Convulsions

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Octo 6 1882

William Henkel M. D.,

{*Undertaker,* John Kenney

{*Place of Business,* 382 Orleans St. *Address,* S. Wolfe St 117

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 60730 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 4th, 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Catharine C. Stecher

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Female

*Age,* Thirty Nine Years, Nine Months, Eighteen Days,

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State on country, and now long in the United States, if of foreign birth.} Gumany

*Duration of Residence in the City of Baltimore,* Thirty Years

*Place of Death,* {Give street and Number.} No. 132 Mydlikin Street

*Cause of Death,* First, (Primary,) ....

Second, (Immediate,) Consumption

*Duration of Last Sickness,* Two Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetii

*Date of Burial,* Octob 6 1882

*Undertaker,* John Kenedy

*Place of Business,* 382 Orleans St

Wm H. Clendnen, M. D., Medical Attendant.

*Address,* No. 102 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 60431 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 5 1882 BALTIMORE

*Date of Death,* October 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bowen

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during her life

*Place of Death,* {Give street and number.} No 81 E. Baltimore St.

*Cause of death,* First, (Primary,) Exposure & Heavy Colds &

Second, (Immediate,) Phthisis Pulmonalis

*Duration of Last Sickness,* Do not Know only a few days in my Care

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 6 1882

*Undertaker,* T S Hughes

*Place of Business,* 60 & Balt St

J Ridgway Andre M. D.,
Medical Attendant.

*Address,* 121 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 60482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1882 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 6- 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elinor A. Jamison

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ... *Years,* 3. *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 106. Myrtle ave

*Cause of Death* First, (Primary,) not known - found dead in bed

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral

*Date of Burial,* Oct 6th 1882

F. E. Shatand Jr. M. D.
Medical Attendant.

*Undertaker,* Holliday

*Place of Business,* 75 N Chas St *Address,* 114 Park ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 60486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 5th. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Nutton

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ____ *Years,* ____ *Months,* Twenty-Seven *Days.*

*Color,* Colored *Sex,* ____

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 143 Madison St.

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,) ____

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Octo. 7th 1882

*Undertaker,* Wm H. Bishop Jr.

*Place of Business,* 97 E. Hill Ave. *Address* 41 Orchard St.

W. H. Thompson M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 68434 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

## CERTIFICATE OF DEATH.

*Date of Death,* October 4th 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sallie E. Cleeker

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 27 *Years,* 11 *Months,* 16 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* almost her entire life

*Place of Death,* {Give street and Number.} 44 N Population St

*Cause of Death,* First, (Primary,) Sun stroke

Second, (Immediate,) Pulmonary Consumption

*Duration of Last Sickness,* All about two years

All the above information should be furnished by the Physician.

*Place of Burial,* York Pa. N.C.R.R.

*Date of Burial,* Oct. 6. 1882

*Undertaker,* J. B. Cook

*Place of Business,* 74 W Balto Address,

W. Hammond M. D.,
Medical Attendant.

HEALTH DEPARTMENT OCT 1882 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

# CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 18th DAY Oct

OF 19. THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH 5-7301 - 6/9/82 AND

ENDING WITH 60434 - 10/4/82 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

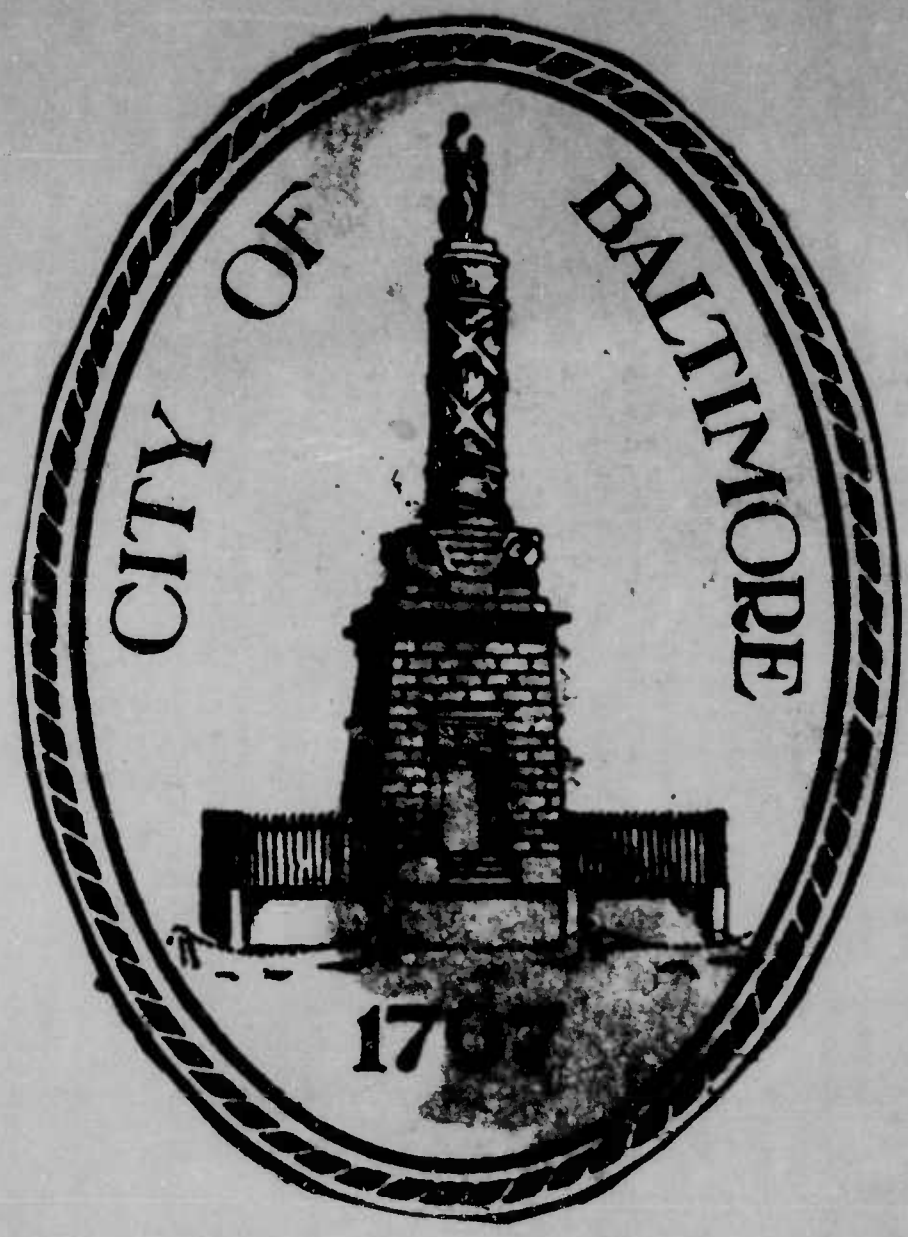
TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: O Kline




# END OF REEL